	BALTIMORE CITY	HEALTH DEPARTMENT		66 07001
BIRTH 66 U7001	CERTIFICA	TE OF DEATH	Registered Na.	00 07001
M.E. CASE NO.		2. DATE AN	ND HOUR OF DEATH	
(Type To Print) L. Bird Doughert	·v	7/	7/66	
3. PLICE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or instituti		4. USUAL RESIDENCE (Whe A. STATE B. COUN Marylan	ere deceased lived. If in	astitution: residence before odmission)
HCSPITAL OR oddiess or location) IN,TITUTION		c. city or town (if our Baltim		RURAL ond give lownship)
House in the Pines Belv Nursing Home			rurol, give location) uilford Aver	nue (18)
6. RACE 7. MARR WIDO	wed, DIVORCED (specify) Single	B. DATE OF BIRTH Feb. 11,1885	9. AGE (In years lost birthdoy) 81	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
104 LTTAL OCCUPATION (Give kind of work 10B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF
Printer St	in Papers	Delaware	1	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Edward J. Doug	hertỳ	Mary E.	K. Peoples	3
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no grunknown) (If yes, give wor or dates of service) NO	16. SOCIAL SECURITY NO. 213-03-3169 A	Grant M. Peop	4	andalay Ave. ater Beach, Fla.
LEADING TO DEATH (This does not mean the mode of dying, heart foilure, asthenia, etc. II means the diservative of complication which caused death.) ANTECEDENT CAUSES ASES OR CONDITIONS, if any, give to the above cause (A) stating UNDERLYING CONDITION lost.	B) DUE TO	Mocordea the selection	V V Jou	2 ms
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE			
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or about 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	e City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
APPROX)	While At Not While At Wark	• 🗇		
22. I certify that (1) (this haspital) attende	d the deceased from	Jeene 1	19 66 to C	cely 7 19 60
that (I) (we) last saw the deceased alive of		1966 and th	at in (my) (aup) api	nian death accurred an the date
and have and from the causes stated above	e. (1) (We) (dld) (dld nat) v	iew the bady after death.		
23A. SIGNATURE	1			238. DATE SIGNED
23C. PHYSICIAN'S	Phy	Med. Director	Staff Phys.	7-8966
	Iman M D	7700 P 1	Haimbe	A

Mt. Moriah Cemetery

ark neights Avenue

24C. NAME of CEMETERY OF CREMATORY

(City, town, or county) "

Philadelphia, Penna. ADDRESS

Wm.Cook-Brooks, Inc.

1217 St. Paul Street

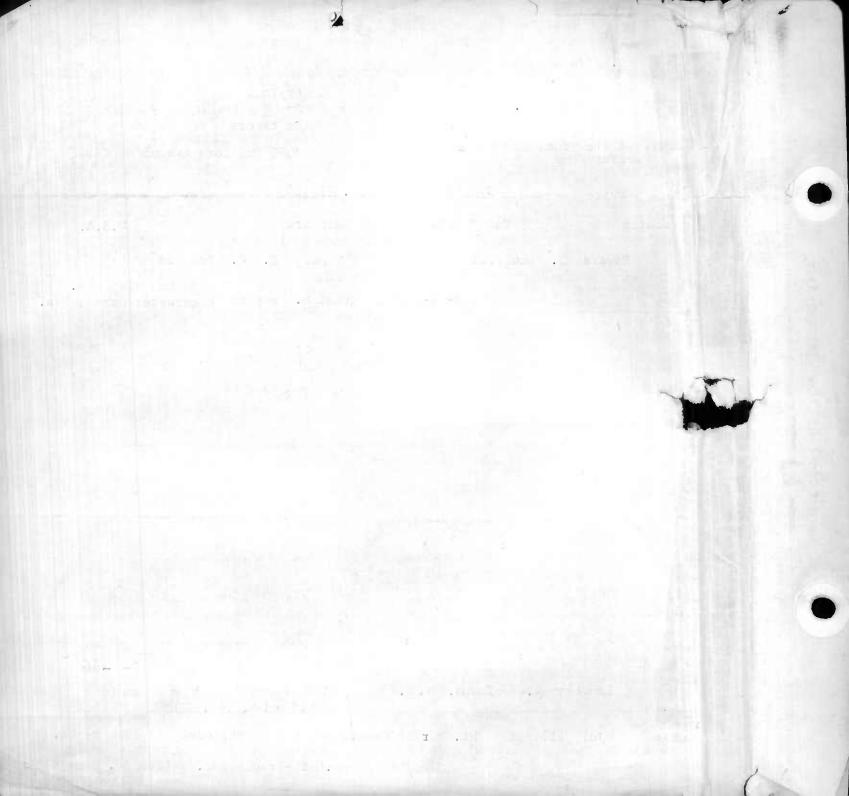
150-REV. 1/1/65

Burial

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)

July 11,1966

25C. FUNERAL DIRECTOR



C-642	BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO. 1. NAME OF DECEASED 12. DATE AND HOUR PRONOUNCED DEAD
	(Type or Print) JEAN P. CHARLES
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
7	INSTITUTION 77 51 76
4	Sinai Hospital (DOA) Baltimore D. STREET ADDRESS (If rurel, give locotion)
6	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years If Under 1 Yr. If Under 24 Hrs. Norths, Days, Hours, Min.
	Male White WIDOWED, DIVORCED(specify) 9-29-1893 lost birthdoy Month's Doy's Hours Min.
	10A. USUAL OCCUPATION (Give kind of work of the bound of work of the bound of work of the bound of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY?
	MACKENSACK - N. J. WALLES
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.
	YES W.W.E 179123857 VERNA WHITE YOSE CEDARDALE RY IN
	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY ASPIRATION LEADING TO DEATH (A) Aspiration of blood due to Gunshot
	(This does not meen the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.)
	ANTECENDENT CAUSES
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE
	UNDERLYING CONDITION LAST.
	TO THE DEATH BUT NOT RELATED TO THE
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED YES IN CERTIFYING CAUSES OF DEATH?
	21A. EXTERNAL CAUSE WAS UNDERLYING DOR CONTRIB- UNDERLYING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoct locotion) home, form, foctory, street, office bldg., INJURY OCCUR? etc.) Sidewalk The front of 4038 Cederdale Road.
	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
	21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) July 3, 1966 3:50 P WHILE AT NOT WHILE X Gunshot wound.
	22.
	I certify that I held an Inquiry Inspection Autapsy X and that an this basis, death in my apinian resulted fram: Natural causes Accident Suicide Hamicide X Undetermined manner
	CHIEF MEDICAL EXAMINER X
	SIGNATURE CENSELL SOUTH M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
	EXAMINER'S Russell S. Fisher, M.D. ASSOCIATE MEDICAL EXAMINER July 4, 1966
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
	Buch 7-12-66 BALTO NATIONAL BALTO MT
	24A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS
	JUL 11 1986 Pola & Starbura Dransfare PStope 6380

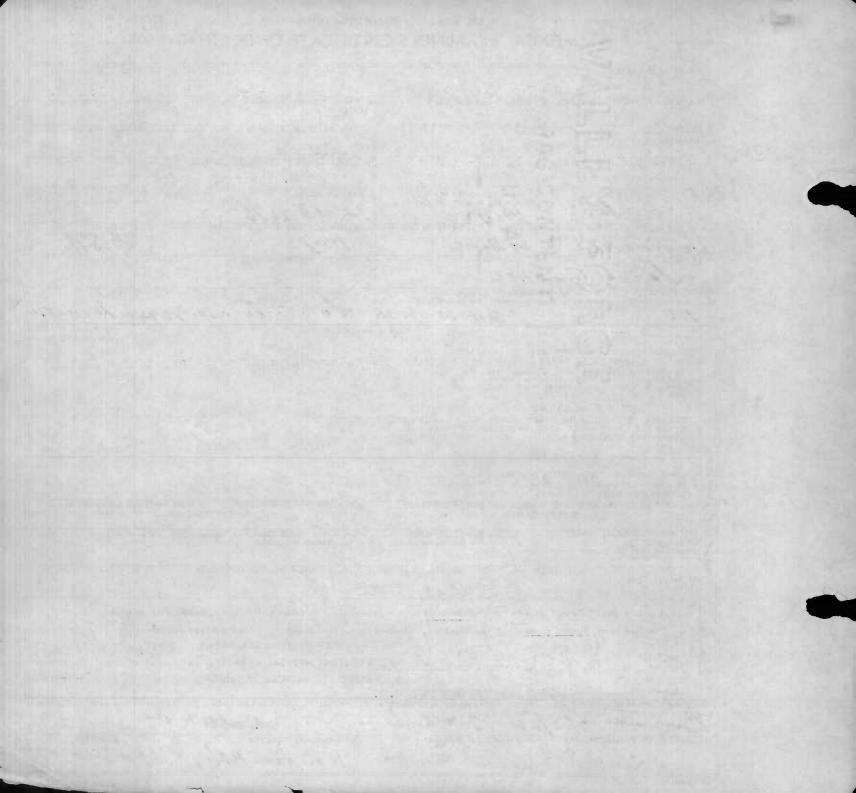
Letter from Dr. isher dated 7/13/66

BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No M.E. CASE NO. 2, DATE AND HOUR PRONOUNCED DEAD I. NAME OF DECEASED (Type or Print) BESSIE GARNER 1:25 A. 7-8-E6 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE Maryland FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HOSPITAL OR ADDRESS OR LOCATION) Baltimore FRANKLIN SOUARE HOSPITAL - DOA D. STREET ADDRESS (If rurol, give location) 1042 W. Lexington Street 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min. 5. SEX 6. RACE WIDO WED, DIVORCED (specify) lost birthdoy Female Colored WIDOW 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dong dyring most of working life, even if retired) SOMEMAKER 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME ACOB 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SO CIAL 17. INFORMANT ADDRESS SECURITY NO. (Yes, no or unknown), (If yes, give wor or dotes of service) MES TUCKER 1042 W. LEXINGTON 16-10-0613A 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic cardiovascular disease (A) AI (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. NO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg., INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21D TIME 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Hour) OF INJURY (APPROX.) WHILE AT NOT WHILE 22. I certify that I held on Inquiry Inspection X Autopsy ond that on this bosis, deoth in my opinion resulted from: Notoral couses X Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER XX SIGNATURE 7-8-66 ASSOCIATE MEDICAL EXAMINER EXAMINER'S NAME (Type) RUDIGER BREITENECKER. 23A. BURIAL CREMATION. 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D, LOCATION (City, town, or county) REMONAL (Specify)

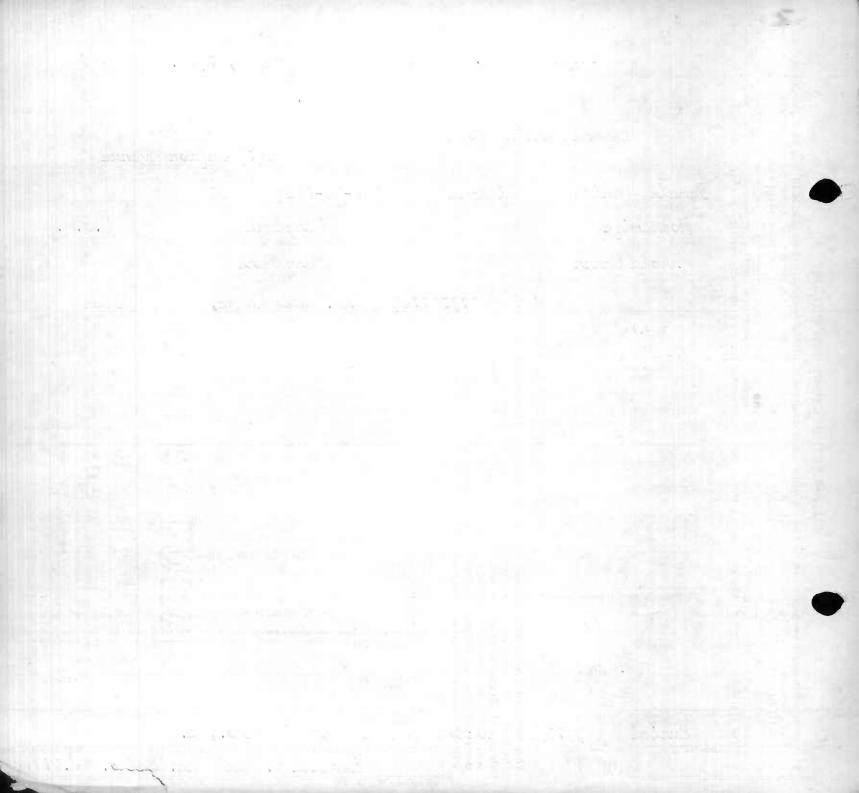
VS 151-REV. 1/1/65

248. NAME OF REGISTRAR

24C. FUNERAL DIRECTOR



	66 07004		BALTIMORE CIT	Y HEALTH DE	PARTMENT		66 07004	
BIRTH NO.	I C C		CERTIFICA	ATE OF	DEATH	Registered No	00 07004	
M.E. CASE NO.		. 0	011		2. DATE A	ND HOUR OF DEAT	н	
Type or Print)	Margare	et 0.	Dahlme	ア	July	8. 1966.	9:13	r.P.
PLACE OF DE	ATH IN BALTIMORE, MAI	RYLAND		4. USUAL R	ESIDENCE (Wh	ere deceased lived, If	institution: residence before	
FULL NAME C	F (If not in hospital a	or institution and	a eteant		nd.			
HOSPITAL OR	oddress or location		e sireei	C. CITY OR		utside city limits, write	RURAL and give township)	
	1 a	in H	2			Baltimo	re 77	The
0	Layman Nur	ising m	me	D. STREET A	DDRESS (I	f rurol, give location)	1	-
					64	17 Setton	Avenue	
S. SEX	6. RACE		EVER MARRIED DIVORCED (specify)	B. DATE OF	71071	9. AGE (In years lost birthday)	Months Doys Hours	er 24 H
temale	White	Widou			-1884	82		
	UPATION (Give kind of work working life, even if retired)	10B, KIND OF B	USINESS OR INDUSTR		CE (State or far		12. CITIZEN OF WHAT , COUNTRY?	
House	wife			/	Narylan	nd .	U.S.A.	
3. FATHER'S NA				14. MOTHER	S MAIDEN NA	AME		
Arnol	d Onnen			/	Mary Ma	vr		
S. Wos Deceosed	Ever in U. S. Armed Force	es?	6. SOCIAL	17. INFORMA	. 0		ADDRESS	
. cojne er unknown	yes, give wor or dole:	a or service.	SECURITY NO.	Mn	Ross L	amna	Same	
18. , 10			CAUSE	OF DEATH	NOSS L	wige,	INTERVAL BETY	VEEN
DISEA	SE OR CONDITION DIR	ECTLY					ONSET AND D	EATH
	LEADING TO DEATH		(A) (C)	roude	o.pr	umoue	a Zdey	_
	asthenia, etc. It means		DUE TO		/	******************************		
	nplication which coused							
	ANTECEDENT CAUSES		(B) DUE TO		***************	***************************************		
	OR CONDITIONS, if						- It To	
	e above cause (A) G CONDITION last,	siding ine	(C)			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	11		O Bet	14 11 11	To all and the	1994	7.004000	
OTHER SIGNI	FICANT CONDITIONS CO		O Ortro				- Joseph	7
	CONDITION CAUSING IT	r. C		e Pri	pelior		- 10 yra	24
19A. DATE OF	OPERATION 198. CONI		IICH OPERATION	ZUA. AUT	OPSY? (Tes or N	IN CERTIFYING C	FINDINGS CONSIDERED	
LLI VICE	NT WAS UNDERLYING	21 B. PI	ACE OF INJURY (e.g.,	in or about 21 C	WHERE DID	(If in Boltim	ore City, give exact location	
OR CONTRIBL	JTING CAUSE OF	home,	form, foctory, street,	office bldg., INJ	URY OCCUR?	111 111 2011111	ony, give exect toconon.	
U								
OF INJURY	(Month) (Doy) (Year)	While	At Not We		HOW DID IN	JURY OCCUR?		
(APPROX.)		Work	Al Wor					
22. I certify	that (1) (this hospital)	ottended the	deceased from A	prz.		196/ 10 6	uly 8 1	965
that (I) (wa)	last sow the decease	d alive on	rely 3-	19 6	ond t	hat in (my) (our) a	pinion death occurred or	the d
and hour one	from the couses state	ed obove. (I)	(We) (did) (did not)	view the bod	y ofter death.			
23A. SIGNATU	RE			1			23 B. DATE SIGNED	
4	I man Ac	enega	M.D. A	tending vs.	Med. Director	Stoff Phy s.	7/9/66	
23C. PHYSICIA	INS	-		23D. ADDRESS		,		
NAME	LOUP BE LONGE EDRGE	SAW	YER M.D	48.	08 H	arjord	Rol -	
24A. BURIAL CRE	MATION, 248. DATE		TE of CEMETERY of C	REMATORY	24D.		City, town, or county)	(Stote)
REMOVAL (Specify)		idon Park	_	nu R	ilto., Md.	,	
DUUL O	BY HEALTH DEPT.	25B. NAME OF			ERAL DIRECTO		ADDRESS	
DAIL REG D				10000	and 1	Ruch and	Balto. Md.	1771
	JUL II 130	بعراجال ال	U.E. Walkey	Ma Feore	wed J.	1 10017 51600		
/S 150-REV. 1/1/								



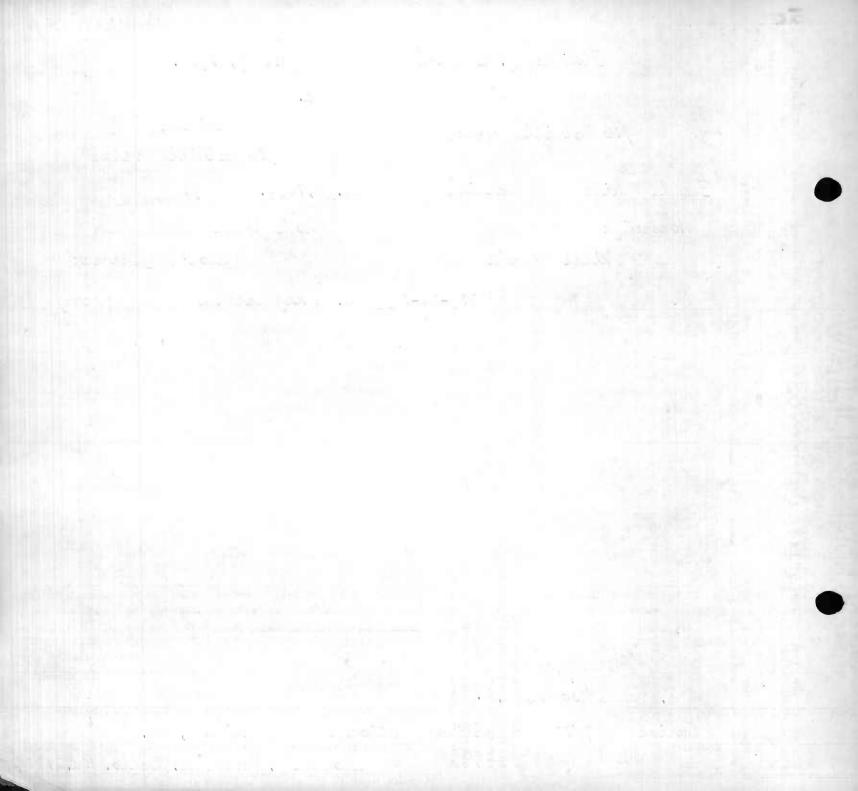
VS 150-REV. 1/1/65

Such

10	2 1	my,	10	5
36	U	61	JU	

BAITIMORE CITY HEALTH DEPARTMENT

BIRTH NO. 66 U / UUO	CERTIFICA	TE OF DEATH	Registered Na. 66	3 07005
M.E. CASE NO. 1, NAME OF DECEASED			HOUR OF DEATH	
Type or Print) Florence E. L	essard	July	9. 1966.	2 A.M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. If institu	tion: residence before admission)
FIRE MANY OF Many Lands and Allert Control		Md.		
FULL NAME OF (If not in hospital or institution, grand oddress or location)	ve sweet		ide city limits, write RUR.	AL and give township)
INSTITUTION 7.46 M 1 · 11 A			Baltimore	9-0-3
0 716 Melville Ave	nue	D. STREET ADDRESS (If re	orol, give location)	
	A STATE OF THE STA	716	Melville 1	Avenue
	NEVER MARRIED	B. DATE OF BIRTH 9.	. AGE (In years If	Under 1 Yr. It Under 24 Hrs. onths Doys Hours Min.
Female White Marr	DIVORCED (specify)	Oct. 30, 1894.	71	onins Doys Hours Willia
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country) 1	2. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		Rhode Is	1 and	//CA
Housewife 3. FATHERS NAME		14. MOTHER'S MAIDEN NAM		USVI
Vital La roix				in no hours
	1 (000)	17 11100014 1117	(aroline	ADDRESS
5. Was Decoased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS
No	214-24-1253	Mr. Harry Le	ssard	(Same)
18.	CAUSE OF	about arter		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	0	1. 1 anten	-11 -	ONSE! AND DEATH
LEADING TO DEATH	(A) (P)	2600	s selles	2975
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO			
injury ar camplication which caused deoth.)				
ANTECEDENT CAUSES	DUE TO	**************************************		<u> </u>
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the	(6)	1		
UNDERLYING CONDITION last.	(C)	***************************************		***************************************
II .				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				4 1
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 199A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED	HICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINE	DINGS CONSIDERED S OF DEATH?
OR CONTRIBUTING CAUSE OF home	PLACE OF INJURY (e.g., in , form, toctory, street, of	or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(It in Boltimore Ci	ty, give exact location)
DEATH (notity medical examiner) etc.)				
	INJURY OCCURRED	21 F. HOW DID INJU	IRY OCCUR?	
(APPROX) While	e At Not While			
		-1	940 to 7-	9 1066
22. I certify that (I) (this hospital) attended the that (I) (the last saw the deceased alive an	-	166		
	TANK THE PARTY OF		r in (my) (awi-y-opinia	n deoth occurred on the date
and have and from the couses stated above. (1)	(We) (did) (did Rot) y	iew the bady after death.	loo	B. DATE SIGNED
23A. SIGNATURE	M.D. Atte	nding Med.		
To massoper			Stoff Phys.	7-9-66
23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS		
Z. Vance Hooper, M.D.	M.D.	2957		
24A. BURIAL CREMATION, 24B. DATE 24C. NA	ME of CEMETERY of CRE	MATORY 24D. LO	CATION (City,	lown, or county) (State)
Burial 7/12/66 Bas	ltimore Nat	ional Bas	ltimore, Md	
25A. DATE REC'D BY HEALTH DEPT 25B. NAME O	F REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
301 II 1966 Below	E. Jarber M. B	Leonard J. R	uck Inc. B.	alto. Md. 21214



	66 070	00	BALTIMORE CITY	HEALTH D	PEPARTMENT		66	1171.100
BIRTH NO.	00 070	UD	CERTIFICA	TE OF	DEATH	Registered Na	00 1	17006
M.E. CASE NO			OEK TILTO	01		AND HOUR OF DEATH		
1. NAME OF D (Type or Print)	Zimmerman, Fra	nk Geo	rge			e 8, 1966		12:25 F
3. PAGEOR	TENT OF A TIMARE WA	WLAN	MENDED	4. USUAL A. STATE		here deceased lived. If	institution: resid	lence belore odmissio
FULL NAME	1 11 10		give street 7/14/66		yland			
HOSPITAL O	R oddress or locotion s Administrati			C. CITY O	ALC CHICAGO CONTRACTOR	outside city limits, write	RURAL ond gi	ive township)
3900 T.	ch Raven Blvd.	on nos	proar	D. STREET		(If rural, give location)	0/	
	re, Maryland 2				2 Kimble			
S. SEX	6. RACE	7. MARRIED	O, NEVER MARRIED	B. DATE O		9. AGE (In years	If Under 1	Yr. , If Under 24 H
Male	Caucasian		ED, DIVORCED (specify)	9/29	/89	lost hirthdoy)	Months Do	ys Hours Min.
	CUPATION (Give kind of work of working lile, even if retired)	10B. KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPI	LACE (State or f	oreign country)	12. CITIZEN	OF COUNTRY?
	ip Worker	Shi	p yard	Mar	yland			S.A.
13. FATHER'S N	AME			14. MOTH	ER'S MAIDEN	AME		•
John F	. Zimmerman			Anna	a M. Kir	chner		, .
5. Wos Deceos	ed Ever in U. S. Armed For wn) (II yes, give wor or date	ces?	1 6. SOCIAL SECURITY NO.	17. IN SEY	Tans Ho	spital Recor	ds A	DDRESS
Yes	4/16/18-1/2		088-05-61-39			Maryland 212		
18,	020		CAUSE O	F DEATH				ERVAL BETWEEN
DISE	ASE OR CONDITION DI	RECTLY					ON.	ISET AND DEATH
(This does	LEADING TO DEATH nal mean the made of	dvino e o		irator	Insuff	iciency	48	Hours
heart failur	e, aslhenia, elc. Il means amplication which caused	the disease	9,					30 44
mjory ar e	ANTECEDENT CAUSES		(B)	nie bro	onenitis	& Emphysema		Years
DISEASES	OR CONDITIONS, if		DUE TO					
rise la	the abave cause (A)							
UNDERLII	NG CONDITION last.							
O OTHER SIC	FUEL CONDITIONS C							
DISEASE C	DEATH BUT NOT RELA OR CONDITION CAUSING I		HE					
19A. DATE	OF OPERATION 198. CON		WHICH OPERATION	20 A. AU	TOPSY? (Yes or	No) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CO	NSIDERED
U 21A. ACCI	DENT WAS LINDERLYING	7 21	B. PLACE OF INJURY (e.g., i			(If in Rolling	re City, give e	vost losofical
OR CONTR	DENT WAS UNDERLYING DIBUTING CAUSE OF tify medical examiner	ho	me, form, foctory, street, o	ffice bldg., IN	JURY OCCUR	OF IN DOMING	ire City, give e	xoc: locomon)
0 21 D. TIME	(Month) (Doy) (Yeor)		E. INJURY OCCURRED	23	E HOW DID	INJURY OCCUR?		
OF INJURY	(Notional) (Boy) (Teol)		hile At Not While		II. HOW DID	INJURY OCCUR:		
			ork At Work					
	fy that 🞾) (this haspital					1966 to Jul;		19
	e) last saw the decease					that in 🏋 y) (aur) ap	inian death	accurred an the
	and from the causes sta	ted abave.	(1) (We) (did) (did hdi)	view the bo	dy after deot	h.		
23A. SIGNA	TURE						23 B. DATE	SIGNED
	homos M	1. 2	M.D. Att.	ending	Med. Director	Stoff Phy s.	7-	8-66
23C. PHYSIC NAME	(Tyne)	. .	9	23D. ADDRE		ans Hospital	Ralto	Md
		Zizic	M.D.	53	7 10	Mashinalo	n Stoo.	Batt. 5.1
24A. BURIAL C	REMATION, 24B. DATE (Specify)	24C.	NAME OF CEMETERY OF CR				City, town, or c	,
Buri	7/19	166 Ne	ew (athedral	(eme	tery	Balti Ruck Inc.	more, 1	nd.
	D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FU	NERAL DIRECT	OR	0 /.	ADDRESS
J	UL 11 1966 (R	Cub 8	2. tarbey MA	Leon	rard J.	Ruck Inc.	Balto	. Md. 2121
VS 150-REV. 1/	1/65							

and the second

10 m / X 10

A STATE OF THE STA

resident a la serie de la companya d

Yes the street of the street o

WILLIAM STATE OF THE STATE OF T

BERT TO SELECT THE SECOND

and the control of th

BIRTH NO.	MEDI	CALEX	AMINER 3 C	EKTIFICAT	E OF DE	AII Register	red No	
M.E. CASE NO.						OUR PRONOUNCE	D DEAD	
1. NAME OF DEC (Type or Print)	JEANET	TE	ROBINSO			5, 1966	8:35 P	M.
3. PLACE IN BALTI	MORE, MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDE	NCE (Where dece	eased lived. If insti B. COU	tution: residence before (odmi s sio n
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	C. CITY OR TOW		rparate limits, write	RURAL and give towns	hip)
Frank	lin Square H	ospital		D. STREET ADDR	ESS (If rurol, give	ngton Str	eet	
5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH		9. AGE (In years last birthday)	If Under 1 Yr. If Under Months Days Hours	er 24 Hrs
	Negro	TOR KINDS	TESTES OR INDUSTR	IS	State or foreign co	67	12. CITIZEN OF WHAT COUNTRY?	
done during most of w	rarking life, even if retired)			Baltin	nore-Md		WHAT COUNTRY:	
IS. PAINERS HAM				Lucy	?			
	(If yes, give war ar date		16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
				Caroline	Butler	-1026 W.	Lexin tons	
OTHER SIGN TO THE DISEASE OF	II	LATED TO T	HE Caro	inoma of B			NDINGS CONSIDERED	
O	OPERATION 198, CON WAS PER	FORMED		No	IN	CERTIFYING CAUS	SES OF DEATH?	
UNDERLYING UTING CAU	OR CONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., , form, factory, street,	office bldg., INJURY	HERE DID (If in OCCUR?	Boltimore City, gi	ve exact location)	
21 D TIME OF INJURY (APPROX.)	(Month) (Day) (Yeo	V	VHILE AT NOT AT	WHILE 21F. HC	OW DID INJURY	O CCU R?		
	ify that I held on I		Inspection X A			osis, deoth in n		
ACTUAL SIGNAT	URE	alles	Cally M.	. ASSISTANT ME		INER X	DATE SI 7/7/66	GNED
EXAMIN	Type) Charle		tty, M.D.	ASSOCIATE M				154
23A. BURIAL CREATE REMOVAL (Specify Burial			Mt Auburn		23D. LOCA		, town, or county)	(Stote)
24A. DATE REC'D	BY HEALTH DEPT.		of REGISTRAR			Son IO	8 W. Montg	
VS 151-REV. 1/1/	65							

28 J

Date to the day

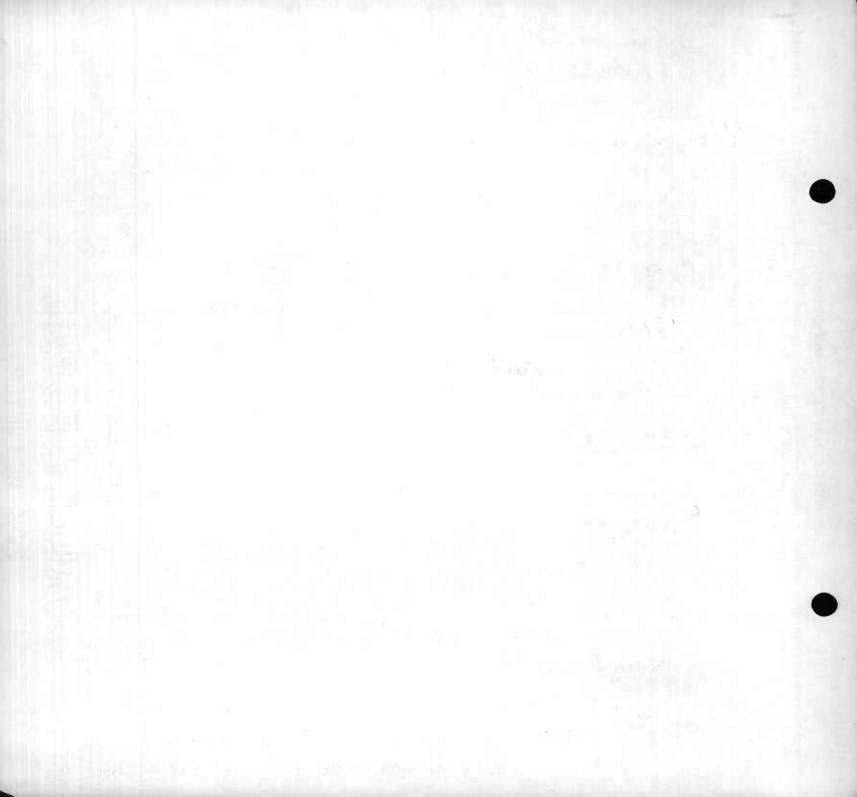
Caroline Butler-1086 ... astenting enlight

The state of the s

old named

TILL WE WE WAR TO THE THE OWN BOX TO BE TO

)() () my > -	BALTIMORE CIT	TY HEALTH DEPARTMENT		00 1200
BIRTH N	10.	66 0700	CERTIFICA	ATE OF DEATH	Registered Na	66 07008
	E OF DECEASED				ID HOUR OF DEATH	
(Type o			R ~ / /	2. DATE AN		
2 81 4	EI	HEC.	DROWN		7-9-66	1. 30 AM.
3. PLA	CE OF DEATH IN	BALTIMORE, MARTI	AND	A. STATE B. COUN	re deceased lived. II ins ITY	titution: residence before admission)
FILL	NAME OF	f not in hasnital or	institution, give street	MD.		
HOS	PITAL OR o	ddress or location)	mismorion, give sheer		tside cit∨ limits, writ≜ R	URAL and give township)
INST	ITUTION			Day -	=	5-06
M		STA	E HOSPITAL	DA CTIMOR	rurol, give location)	
Ala f	0 176 86	(10 3/A7	e Mespital	211-11		A
			-	3406 WA	FLBROOK	HUE.
5. SEX	6. RACI	7.	MARRIED, NEVER MARRIED WLDQWED, DIVORCED (specify)		9. AGE (In years lost birthday)	Months Doys Hours Min.
	- (_	MARRIED	6-17-07	59	
10A. U.S	UAL OCCUPATION	(Give kind of work 10	B. KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (State or forei	an country)	12. CITIZEN OF
done du	ring most of working li	le, even if retired)				WHAT COUNTRY?
	nousewi	te		FLORID	A	Cis.
13. FAT	HERS NAME			14. MOTHER'S MAIDEN NA	ME	
-	11000	0	12 = 22	C-	. 3 .= 0	
16 14	HARLE	U. S. Armed Forces	12 167	37	UDER	A DORECT
Yes, no	or unknown) (If yes,	give wor or dotes	? 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	ME			Hesp. R=0	. APN.	
18.	1011	1	CAHSE	OF DEATH	ORDS	INTERVAL BETWEEN
	DISEASE OF	ONDING!				ONSET AND DEATH
		CONDITION DIRECTED TO DEATH			Con	SYEARS
(Th		n the made of dy	(A) CA	RCINOMA OF	CERVIX	3 16 11463
		a, elc. Il means th				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
inj	ury or complication	n which coused de	oth.)			
	ANTECE	DENT CAUSES	(B)		**************************************	
DI	SEASES OR COL	NDITIONS, if on				
		e cause (A) si				
10	DERLYING CON	DITION lost.	-		*******************************	
-		- II				
0 01	HER SIGNIFICANT	CONDITIONS COM	TRIBUTING			
ATIO	THE DEATH SEASE OR CONDIT	BUT NOT RELATE	D TO THE			
U 19A	DATE OF OPERAL	ION 19B. CONDIT	TON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE F	INDINGS CONSIDERED
O 19A		WAS PERFOR	MED	110	IN CERTIFYING CAU	ISES OF DEATH?
S 21 A	ACCIDENT WAS	UNDERLYING	21B PLACE OF INITIDY (2.2	, in or obout 21 C. WHERE DID	(If in Rollimera	City, give exact location)
OR	CONTRIBUTING	CAUSE OF	home, form, foctory, street,	office bldg., INJURY OCCUR?	tit in bollinore	on, gre exect toconon.
O	ATH (notify medical	exominer)	etc.)			
0 210		(Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
₹ OF	PROX.)		While At Nat WI	hile		
IA	I NOW		Work L At Wor	* -		
22.	I certify that U	(this hospital) o	ttended the deceased fram	4-9	19 66 to	7-9 1966
			olive on 7-0			ion death accurred an the date
	•				or mony, (our, opin	Jeoin occurred an ine dote
-		he causes stated	abave. (H) (We) (did) (dtd nat)	view the bady after death.		
23A	SIGNATURE	0 0				23 B, DATE SIGNED
	Luma	I. (noi	M.D. A	ttending Med. hys. Director	Stoff Phys.	7-9-66
23.0	PHYSICIAN'S	20010	- ew	23D. ADDRESS	, 117 2' -	, , , ,
2.5	NAME (Type)			Λ.	c	
	IRVING	L. Cons	PERSTEIN M.D	MONTE BELLO	STATE HUS	P. BALTO - MA
24A. BL	IRIAL CREMATION	, 24B. DATE	24C. NAME OF CEMETERY OF C	REMATORY 24D. L	OCATION (Cit	y, town, or county) (State)
	MOVAL (Specily)	7/20///	W 0			
	urial	7/13/66		Cemetry B	altimore Md	
25A. D.	ATE REC'D BY HEA	LTH DEPT. 25	B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	JUL	11 1966 (lokent E. Janken M.	Adolphus Hal:	stead 1206	W North Ave



VS 150-REV. 1/1/65

La refer to

Tills will reportation distinguished and the contract of the c

The state of the s

,

designation of the second of t

and alternative and all the state of the sta

100000

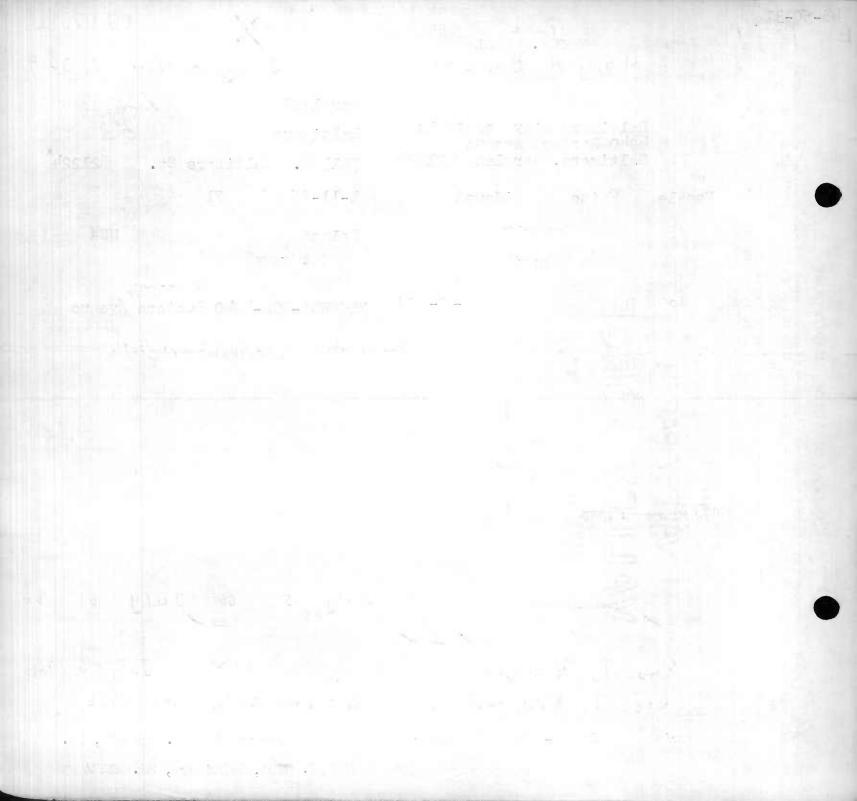
BALTIMORE CITY HEALTH DEPARTMENT

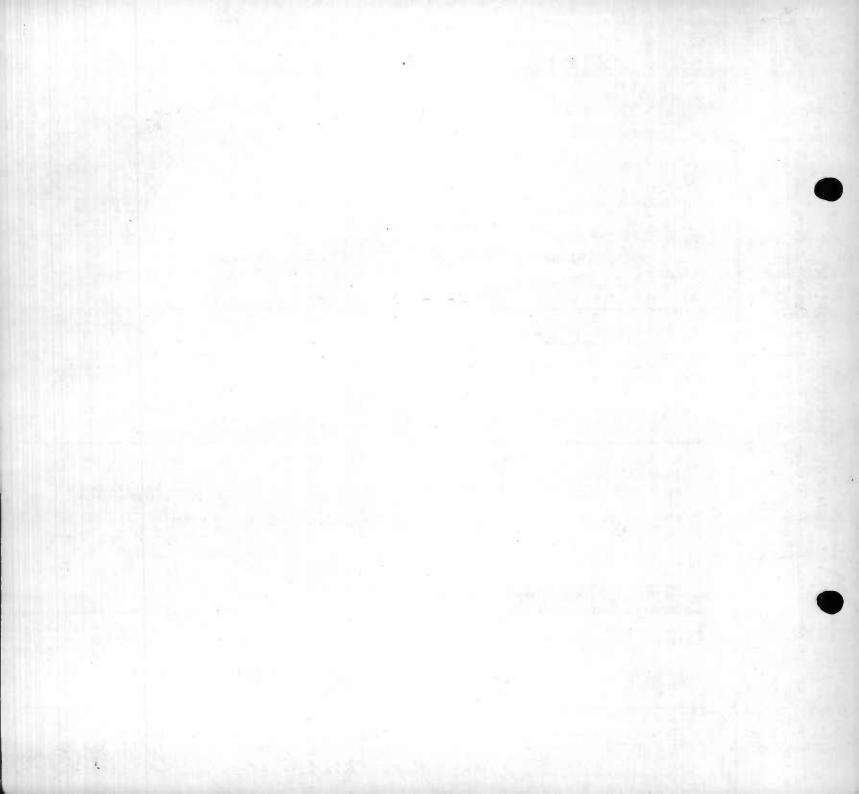
written shows: 3

VS 150-REV. 1/1/65

(If outside city limits, write RURAL and give township) If Under 1 Yr. Months: Doys If Under 24 His. Hours 12. CITIZEN OF U.S.A. ADDRESS 8314 Bear Creek Drive ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDER OF (If in Boltimore City, give exact location) July 7 1966ond that in(my) (in) opinion death occurred on the date 238. DATE SIGNED Baltimore, Maryland 21224 JOHN J. DUDA, Bundalk, Maryland 21222

FILESCH - House land J J J L E . E B E avin you't ded ales 1,5 i l j t Anna Jewah Allen I Miss A A TOTAL CONTRACTOR





BIRTH NO. M.E. CASE NO.	66 07013				
M.E. CASE NO.	00 0.02	CERTIFICA	TE OF DEATH	Registered Na.	66 07013
I. NAME OF DE	CEASED		2. DATE	AND HOUR OF DEATH	
(Type or Print)		rederick Lattier		8,1966	Fina P
3. PLACE OF DE	ATH IN BALTIMORE MAR	MIAND			institution: residence before admission
			A. STATE B. CO	UNTY	mismonon, residence belove bonassi
FULL NAME	OF (If not in hospital o	r institution, give street	Md.		
HOSPITAL OR	oddress or location		C. CITY OR TOWN (IF	outside city limits, write	RURAL ond give township)
	4215 Granad	a Ave.	Paltimo	re /	5-10
0			D. STREET ADDRESS	(If rurol, give location)	
			4215 Gran	ada Ave.	21215
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
Male	White	Single Single	June 1.1886	80 Yrs.	Monns Doys Hours Min.
IOA. USUAL OCC		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or		12. CITIZEN OF
done during most of	f working life, even if retired)				WHAT COUNTRY?
Meat Dea		Retired	Maryland		U.S.A.
13. FATHER'S NA	ME		14. MOTHER'S MAIDEN	NAME	
John	Lattier		Annie Alver	ta Malking	
	d Ever in U. S. Armed Forc	es? 1 6. SOCIAL	17. INFORMANT	or Herring	ADDRESS
Yes, no or unknow	(If yes, give wor or dotes	of service) SECURITY NO.			4
N•			Mr.Louis Latt	cier 4215 Gra	nada Ave. 15
1B. dofen	20.7	CAUSE C	F DEATH		INTERVAL BETWEEN
DISEA	ASE OF CONDITION DIRE	FCTI Y			ONSET AND DEATH
0.027	LEADING TO DEATH	/	There are	· · Stonish	- P SUD INC.
(This does	not mean the mode of	dying, e.g., DUE TO	ar year	CEIPOUT	man orang
heort foilure	, aslhenio, elc. It meons	the disease,		, 0	_
injury or co	mplication which coused	deolh.)	romen Musce	alder	
	ANTECEDENT CAUSES	DUE TO	or not you	800041	Intin
DISEASES	OR CONDITIONS, if o	ony, giving	ronic Myse senise	referre	100
	he above couse (A)	stating the (C)	Renese	engo + Wen	
		10/			elle,
UNDERLYIN	IG CONDITION lost.	(0)			ely
	IG CONDITION lost.				ucky
Z OTHER SICK	II NIFICANT CONDITIONS CO	ONTRIBUTING			Weg.
Z OTHER SICK	II VIFICANT CONDITIONS CO DEATH BUT NOT RELATIONS CONDITION CAUSING IT	ONTRIBUTING TED TO THE			
Z OTHER SICK	II NIFICANT CONDITIONS CO DEATH BUT NOT RELAT R CONDITION CAUSING IT OF OPERATION [198, CONDITION]	ONTRIBUTING TED TO THE T	20 A. AUTOPSY? (Yes or		
Z OTHER SICK	II VIFICANT CONDITIONS CO DEATH BUT NOT RELATIONS CONDITION CAUSING IT	ONTRIBUTING TED TO THE T			FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGN TO THE I DISEASE OR 19A. DATE O	VIFICANT CONDITIONS CODEATH BUT NOT RELATED CONDITION CAUSING IT	ONTRIBUTING TED TO THE . DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g.,	20 A. AUTOPSY? (Yes or	No) 208, IF YES, WERE IN CERTIFYING CA	
OTHER SIGN TO THE I DISEASE OR 19A. DATE O OR CONTRIB DEATH (notif	VIFICANT CONDITIONS CODEATH BUT NOT RELATED CONDITION CAUSING IT	ONTRIBUTING TED TO THE	20 A. AUTOPSY? (Yes or	No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGN TO THE I DISEASE OR 19 A. DATE O 2TA. ACCIDE OR CONTRIB DEATH (notif	NIFICANT CONDITIONS CODEATH BUT NOT RELATED TO THE CONDITION CAUSING IT TO THE CONDITION CAUSING IT TO THE CONDITION CAUSING TO THE CONDITION CAUSE OF THE CONDI	ONTRIBUTING TED TO THE . DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)	20 A. AUTOPSY? (Yes or in or obout 21 C. WHERE DIC ffice bldg., INJURY OCCUR	No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGN TO THE L DISEASE OR 19 A. DATE O OR CONTRIB DEATH (notif	VIFICANT CONDITIONS CODEATH BUT NOT RELATED CONDITION CAUSING IT	ONTRIBUTING TED TO THE DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, celc.) (Houd) 21E. INJURY OCCURRED	20.A. AUTOPSY? (Yes or in or obout 21C. WHERE DIE INJURY OCCUR	No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGN TO THE I DISEASE OR 19A. DATE O OR CONTRIB OR CONTRIB DEATH (notif	NIFICANT CONDITIONS CODEATH BUT NOT RELATED TO THE CONDITION CAUSING IT TO THE CONDITION CAUSING IT TO THE CONDITION CAUSING TO THE CONDITION CAUSE OF THE CONDI	ONTRIBUTING TED TO THE DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) (Hour) 21E. INJURY OCCURRED While At Not Whi	20A. AUTOPSY? (Yes or in or obout 21C. WHERE DIG ffice bldg., INJURY OCCUR	No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGN TO THE I DISEASE OR 19A. DATE O 21A. ACCIDE OR CONTRIB DEATH (notif 21D. TIME OF INJURY (APPROX.)	NIFICANT CONDITIONS CODEATH BUT NOT RELATED TO THE PROPERTION 198, CONE WAS PERFORM CAUSE OF COMMENT OF COMMEN	ONTRIBUTING TED TO THE DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) (Hour) 21E. INJURY OCCURRED While At North At Work	20 A. AUTOPSY? (Yes or on the control of the contro	No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? TE City, give exact location)
OTHER SIGN TO THE I DISEASE OR 19 A. DATE O OR CONTRIB DEATH (notif OF INJURY (APPROX.) 22. I certify	VIFICANT CONDITIONS CODEATH BUT NOT RELATED TO THE PROPERTION TO T	ONTRIBUTING TED TO THE DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) (Hour) 21E. INJURY OCCURRED While At Not White At Work Outlended the deceased from	20 A. AUTOPSY? (Yes or in or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR	No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? TE City, give exact location)
OTHER SIGN TO THE I DISEASE OR 19A-DATE O OR CONTRIB DEATH (notif OF INJURY (APPROX.) 22. I certify	NIFICANT CONDITIONS CODEATH BUT NOT RELATED TO THE PROPERTION 198, CONE WAS PERFORM CAUSE OF COMMENT OF COMMEN	ONTRIBUTING TED TO THE DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) (Hour) 21E. INJURY OCCURRED While At Not White At Work Outlended the deceased from	20 A. AUTOPSY? (Yes or in or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR	No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? TE City, give exact location)
OTHER SIGN TO THE I DISEASE OR 19 A. DATE O OR CONTRIB DEATH (notif) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we	II VIFICANT CONDITIONS CO DEATH BUT NOT RELATED TO THE CONDITION CAUSING IT 198. CONDITION WAS PERFORM TO THE CONDITION OF T	ONTRIBUTING TED TO THE DITION FOR WHICH OPERATION ORMED 218. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) (Hour) 21E. INJURY OCCURRED While At Not White At Work Outland of the deceased from At Work did olive on At Agents	20 A. AUTOPSY? (Yes or in or obout 21 C. WHERE DID fifice bidg., INJURY OCCUR 21 F. HOW DID	No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? TE City, give exact location)
OTHER SIGN TO THE I DISEASE OR 19 A. DATE O OR CONTRIB DEATH (notif) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we	II INFICANT CONDITIONS CO DEATH BUT NOT RELATED TO THE CONDITION CAUSING IT 198. CONDITION CAUSING IT 198. CONDITION CAUSING IT 198. CONDITION CAUSE OF CONDITION CON	ONTRIBUTING TED TO THE DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) (Hour) 21E. INJURY OCCURRED While At Not White At Work Outlended the deceased from	20 A. AUTOPSY? (Yes or in or obout 21 C. WHERE DID fifice bidg., INJURY OCCUR 21 F. HOW DID	No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? TE City, give exact location)
OTHER SIGN TO THE ID DISEASE OR DISEASE OR DISEASE OR DISEASE OR DISEASE OR DISEASE OR CONTRIB DEATH (notify of INJURY (APPROX.) 22. I certify that (I) (we and haur and 23A. SIGNAT	II IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ONTRIBUTING TED TO THE DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) (Hour) 21E. INJURY OCCURRED While At Not Whith At Work Outlended the deceased from and olive on and olive olive on and olive olive on and olive oliv	20 A. AUTOPSY? (Yes or in or obout 21 C. WHERE DID fifice bidg., INJURY OCCUR 21 F. HOW DID	No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact locotion) 19 (ale inian death accurred an the death accurred and the death acc
OTHER SIGN TO THE LIDISEASE OR 19A-DATE OF 19A-DATE OF INJURY (APPROX.) 22. I certify that (I) (10 and haur and 123A. SIGNAT.)	VIFICANT CONDITIONS CODEATH BUT NOT RELATED TO THE CONDITION CAUSING IT WAS PERFORM TO THE CONDITION CAUSING IT WAS PERFORM TWAS UNDERLYING CAUSE OF LY medical examiner) When the course stated the course state	ONTRIBUTING TED TO THE DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) (Hour) 21E. INJURY OCCURRED While At Not Whith At Work Outlended the deceased from and olive on and olive olive on and olive olive on and olive oliv	20.A. AUTOPSY? (Yes or in or obout 21C. WHERE DID fiftice bldg., INJURY OCCUR 21F. HOW DID 19 6 ond view the body after dear	No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact locotion) 19 (ale inian death accurred an the death accurred and the death acc
OTHER SIGN TO THE ID DISEASE OR DISEASE OR OR CONTRIBUTE OF INJURY (APPROX.) 22. I certify that (I) (we and haur and 23A. SIGNAT.	II INFICANT CONDITIONS CO DEATH BUT NOT RELAT R CONDITION CAUSING IT OF OPERATION 198. CONE WAS PERFO WAS UNDERLYING UNTING CAUSE OF (Month) (Doy) (Year) IV that (I) (this hospital) I) lost saw the deceased and from the causes state URE ANTS Typed	ONTRIBUTING TED TO THE DITION FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) (Hour) 21E. INJURY OCCURRED While At Not White At Work attended the deceased from At Work d olive on Attended to Many (i.g., and above. (i)) (We) (did) (did) (did) Attended to Attended	20.A. AUTOPSY? (Yes or on one of obout 21.C. WHERE DIE of one of one of other or	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? The City, give exact location) 19 (a) inian death accurred an the continuation of the c
OTHER SIGN TO THE ID DISEASE OR DISEASE OR OR CONTRIBUTE OF INJURY (APPROX.) 22. I certify that (I) (we and haur and 23A. SIGNAT.	VIFICANT CONDITIONS CODEATH BUT NOT RELATED TO THE CONDITION CAUSING IT WAS PERFORM TO THE CONDITION CAUSING IT WAS PERFORM TWAS UNDERLYING CAUSE OF LY medical examiner) When the course stated the course state	ONTRIBUTING TED TO THE DITION FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) (Hour) 21E. INJURY OCCURRED While At Not White At Work attended the deceased from At Work d olive on Attended to Many (i.g., and above. (i)) (We) (did) (did) (did) Attended to Attended	20.A. AUTOPSY? (Yes or in or obout 21C. WHERE DID fiftice bldg., INJURY OCCUR 21F. HOW DID 19 6 ond view the body after dear	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? The City, give exact location) 19 (alcinian death accurred an the death accurred and the death accu
OTHER SIGN TO THE ID DISEASE OR 19A. DATE OF OR CONTRIBUTION OR CONTRIBUTION (APPROX.) 21D. TIME OF INJURY (APPROX.) 22, I certify that (I) (we and haur and 23A. SIGNAT.) 23C. PHYSICI. NAME (MAR.)	II IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	CONTRIBUTING TED TO THE DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) (Hour) 21E. INJURY OCCURRED While At Not Whith At Work O attended the deceased from the dolive on t	20 A. AUTOPSY? (Yes or in or obout 21 C. WHERE DID (MI) (MI) (MI) (MI) (MI) (MI) (MI) (MI)	No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? The City, give exact locotion) 19 66 inian death accurred an the death accurred authority July 9, 196
OTHER SIGN TO THE ID DISEASE OR 19A. DATE OF OR CONTRIB DEATH (notification of the contribution of the con	II VIFICANT CONDITIONS CO DEATH BUT NOT RELATED TO THE CONDITION CAUSING IT OF OPERATION 198. CONDITION (MAS PERFORMANCE OF COMMENT OF COMMEN	CONTRIBUTING TED TO THE DITION FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) (Hour) 21E. INJURY OCCURRED While At Not White At Work attended the deceased from At Work d olive on Attended the deceased from Attended the Attend	20 A. AUTOPSY? (Yes or in or obout 21 C. WHERE DID (MI) (MI) (MI) (MI) (MI) (MI) (MI) (MI)	No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact locotion) 19 66 inian death accurred an the death accurred author death
OTHER SIGN TO THE ID DISEASE OR 19A. DATE OF OR CONTRIB DEATH (notification of the contribution of the con	II VIFICANT CONDITIONS CO DEATH BUT NOT RELATED TO THE CONDITION CAUSING IT OF OPERATION 198. CONDITIONS CONDITIONS CONDITION (AUSING IT OF OPERATION 198. CONDITIONS (AUSING IT) OF OPERATION 198. CONDITIONS (AUSING IT) OF OPERATION (AUSING IT) WAS UNDERLYING IT (Month) (Doy) (Year) OF OPERATION (I) (HITS hospital) OF OPERATION (TO THE CONDITION IT) OF OPERATION (I) (HITS hospital) OF OPERATIO	ONTRIBUTING TED TO THE DITION FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) (Hour) 21E. INJURY OCCURRED While At Not White At Work O attended the deceased from At Work d olive on Attended to the deceased from M.D. Attended above. (I) (We) (did) (did) (did) M.D. 24C. NAME of CEMETERY of CR	20 A. AUTOPSY? (Yes or in or obout 21 C. WHERE DID (MI) (MI) (MI) (MI) (MI) (MI) (MI) (MI)	No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? TO City, give exact location) 19 66 inian death accurred an the d 238. DATE SIGNED July 9, 196 ity, town, or county) (State)
OTHER SIGN TO THE ID DISEASE OR 19A. DATE OF INJURY (APPROX.) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we and haur and 23A. SIGNAT NAME (APPROX.) 24A. BURIAL CRIREMOVAL BURIAL	II VIFICANT CONDITIONS CO DEATH BUT NOT RELATED TO THE CONDITION CAUSING IT OF OPERATION 198. CONDITION WAS PERFORMED CAUSE OF CONDITION (Mark) (Doy) (Year) INTING CAUSE OF CONDITION (Mark) (Doy) (Year) INTING CAUSE OF CONDITION (Mark) (Doy) (Year) INTING CAUSE OF CONDITION (Mark) (Mark) (Doy) (Year) INTING CAUSE OF CONDITION (Mark) (Mar	ONTRIBUTING TED TO THE DITION FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) (Hour) 21E. INJURY OCCURRED While At Not White At Work O attended the deceased from At Work d olive on Attended to the deceased from M.D. Attended above. (I) (We) (did) (did) (did) M.D. 24C. NAME of CEMETERY of CR	20 A. AUTOPSY? (Yes or in or obout 21 C. WHERE DID (MI) (MI) (MI) (MI) (MI) (MI) (MI) (MI)	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact locotion) The City, give exact locotion and the death accurred and the death accurred authorized authorize
OTHER SIGN TO THE ID DISEASE OR 19A. DATE OF INJURY (APPROX.) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we and haur and 23A. SIGNAT NAME (APPROX.) 24A. BURIAL CRIREMOVAL BURIAL	II VIFICANT CONDITIONS CO DEATH BUT NOT RELATED TO THE CONDITION CAUSING IT OF OPERATION 198. CONDITION WAS PERFORMED CAUSE OF COMMENT OF COM	CONTRIBUTING TED TO THE DITION FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) (Hour) 21E. INJURY OCCURRED While At Not White At Work O attended the deceased from At Work d olive on Attended to the deceased from M.D. Attended The deceased from M.D. Att	20 A. AUTOPSY? (Yes or in or obout 21 C. WHERE DIE office bldg., INJURY OCCUR 21 F. HOW DID 19 66 ond view the body after deal 23 D. ADDRESS 23 D. ADDRESS 24 D. EMATORY 25 C. FUNERAL DIRECT	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? TO City, give exact locotion) 19 66 inian death accurred an the d 23B. DATE SIGNED July 9, 196 ity, town, or county) (State) Md.

The transfer of the state of th

A STORY I STOR

The second secon

at to start at at

Pine Well the L

ele total the control of the control

66 07014 66 07014 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD 02-5 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before dmission) A. STATE B. COUNTY Mary Cont FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) D. STREET ADDRESS (If rural, give location) 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) Months, Doys, Hours, Min. 1-em. Widowed 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY) 1. BIRTHPLACE (State or foreign country) 2. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Baltimore, Md. Homemaker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Shea Ellen O'Brien Daniel ADDRESS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO CIAL 17. INFORMANT SECURITY NO. (Yes, no or unknown), (If yes, give wor or dotes of service) 218-16-1718 Mrs. Jacob Fisher. 5605 Purlington Way 12 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hypertensive Cantro Vasculla (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discoserinjury or complication which caused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C). Z 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ERTI 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? $\overline{0}$ 21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-21B, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? 21 E. INJURY OCCURRED 21D TIME OF INJURY 21 F. HOW DID INJURY OCCUR? (Month) (Dov) (Hour) (APPROX.) MHILE AT NOT WHILE I certify that I held an Inquiry Inspection Autapsy and that an this basis, death in my aplnion Suicide Hamicide Undetermined manner resulted fram: Natural causes X Accident CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL

SIGNATURE

ASSISTANT MEDICAL EXAMINER X

EXAMINER'S NAME (Type)

ASSOCIATE MEDICAL EXAMINER

(City, town, or county)

23A. BURIAL CREMATION. REMOVAL (Specify) 7/12/1966 23C. NAME of CEMETERY or CREMATORY Arlington National Cemetery

24B, NAME OF REGISTRAR

Arlington, Virginia

24A. DATE REC'D BY HEALTH DEPT.

24C. FUNERAL DIRECTOR

23D. LOCATION

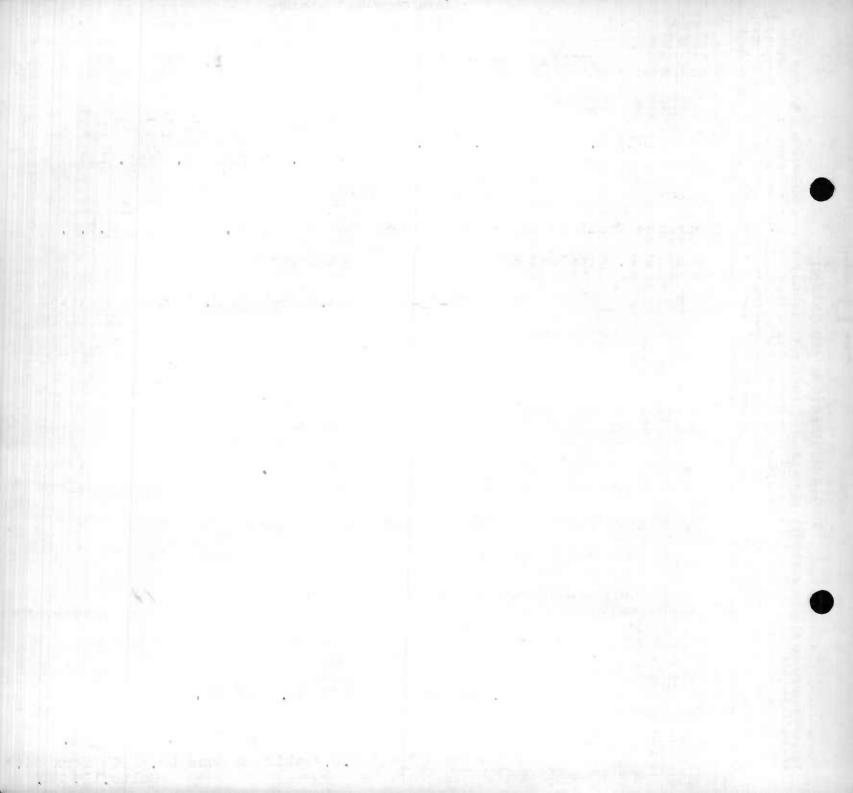
(Stote)

THE STANDARD WELL WITHOUT THE PROPERTY AND ADDRESS OF THE PERSON OF THE A CONTRACTOR OF THE PARTY OF TH the state of the s

IMPORTANT

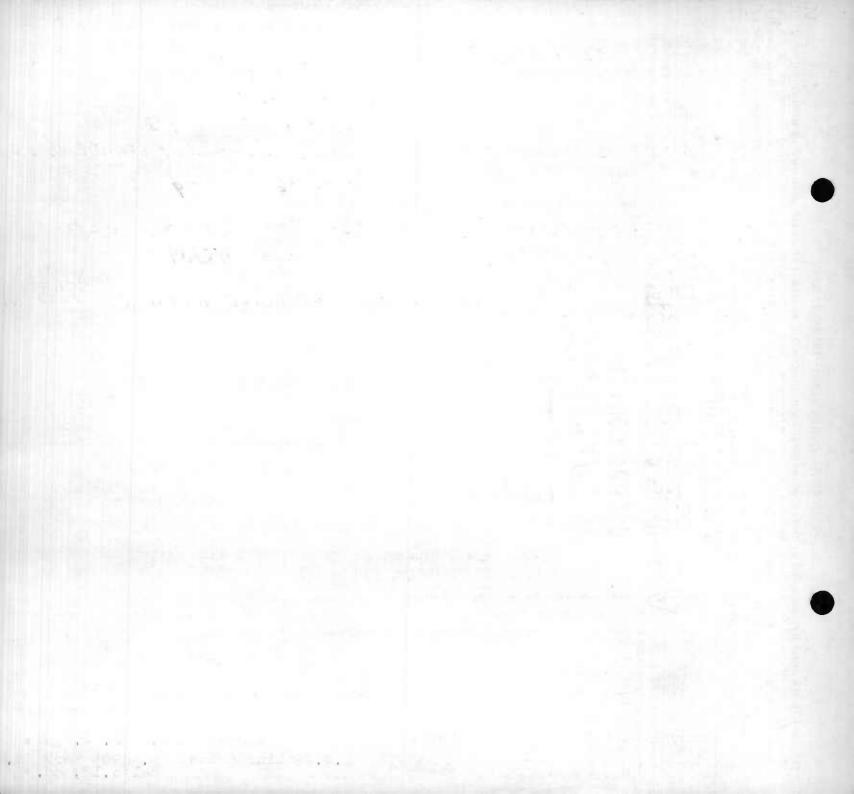
DIRECTOR:

FUNERAL



IMPORTANT

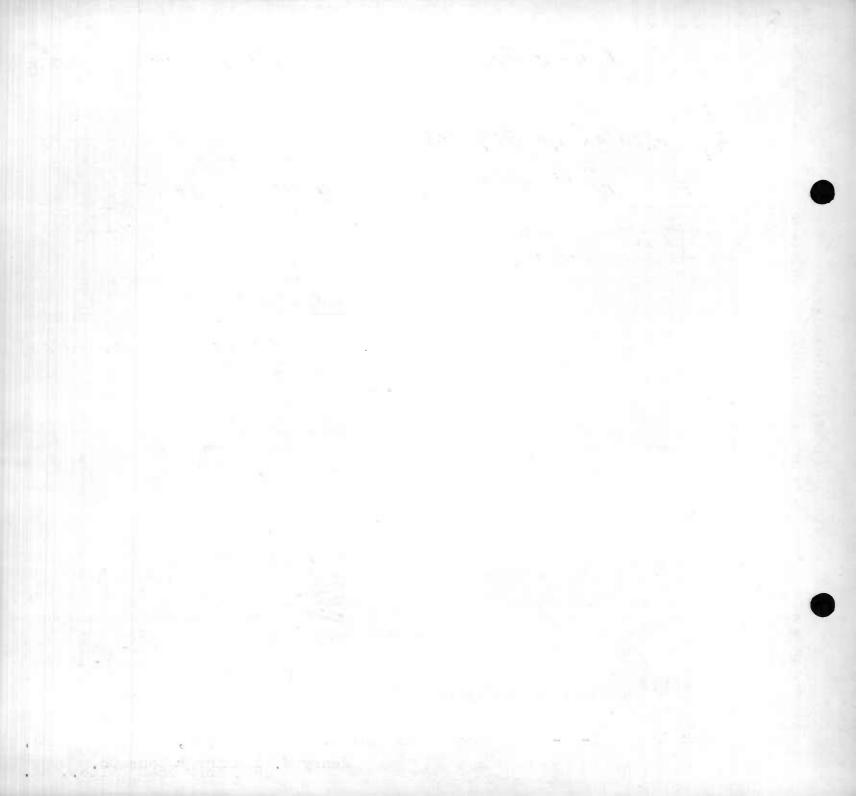
FUNERAL DIRECTOR:



VS 150-REV. 1/1/65

the

Md.



o the States Guard Court 63 60/60 SELF ENOR & MOTORS BUT WELL WALL WILL SELL YOUNG ED-DRD HARTMIRS, ELLER MARY 1201127 EM WARY FALLERS PULL SHIPMY SERVER . 2 January Din y Jacobs Generalized Anna THE PERSON OF MALESTAN 6/29/86 was Il Shin DRIVE FILLIEY, SR 5820 YORK 20 12

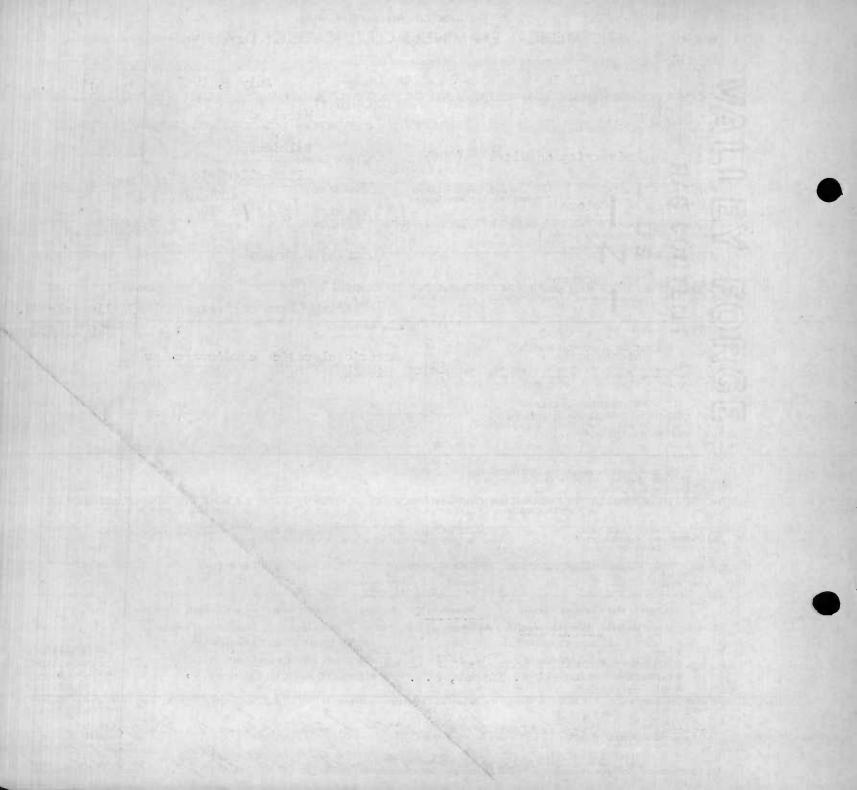
V\$ 150-REV. 1/1/65

			BALTIMORE CIT	Y HEALTH DEPARTMENT	66 17019
BIRTH NO.	66 0701	Q	CERTIFICA	TE OF DEATH Registered No.	
M.E. CASE NO.		U		2. DATE AND HOUR OF DEATH	1
(Type or Print)		a a	a mil ma		1 15
3 PLACE OF D	Minnie	D. UU	arino	July 7, 1966 [4. USUAL RESIDENCE (Where deceased lived. If	institution; residence before admission
or react or b	TAIL IN BALIMOND MA	KI LAITE		A. STATE B. COUNTY	
FULL NAME			give street	Maryland	
HOSPITAL OF	R oddress or location)		C. CITY OR TOWN (If outside city limits, write	RURAL and give lownship)
	House o	f the	Pines N. H.	Baltimore 7	-10
0			Road)	D. STREET ADDRESS (If turol, give location)	
	(DOTATI	noau,	533 Woodbourne Ave	
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 h
F	TAT		, DIVORCED (specify)	(/3 8 /3 O3 O lost birthdoy)	Months Doys Hours Min
*	CUPATION (Give kind of work		rried	6/18/1910 56	12. CITIZEN OF
	of working life, even if retired)	IOB. KIND OF	BOSINESS OK INDUSIK	TIL. BIKINIEACE (Store of foreign country)	WHAT COUNTRY?
Housey	wife	Own	Home	Honomu, Hawaii, U.S.	U.S.A.
3. FATHER'S N	AME			14. MOTHER'S MAIDEN NAME	
Virgir	nio de Souza			Marie Duarte	
_	ed Ever in U. S. Armed Fore		14 500141	17. INFORMANT	ADDRESS
Yes, no or unkno	wn) (II yes, give wor or dote	s of service)	SECURITY NO.	17. INFORMANT	ADDKE33
No			214-22-3077	Alphonse J. Guarino	(Same)
1B. 7	9 / 1			OF DEATH	INTERVAL BETWEEN
DISE	ASE OR CONDITION DIR	ECTLY	0		ONSET AND DEATH
	LEADING TO DEATH		weller	ile Lunistrania, Kon	10
	not mean the mode of		DUETO	L / /	2 = 0
	e, osthenio, etc. Il meons omplication which coused		lexi	Tu meta Justa	32 hont
	ANTECEDENT CAUSES		(B)	me voice.	e e necons
D.C			DUE TO		
	OR CONDITIONS, if the above cause (A)		(C)		
	NG CONDITION last.		10/	***************************************	
	-11		-1	1 11	
OTHER SIG	NIFICANT CONDITIONS C	ONTRIBUTING		+ . ///	41
E IO INE	DEATH BUT NOT RELA		Misoruboa	ylopoura · Nesour	7 gears.
-	OF OPERATION 198. CON	DITION FOR Y	WHICH OPERATION /	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
19A. DATE	WAS PERF	OKWED	/	IN CERTIFYING C	AUSES ONDEATHS
U 21 A. ACCIE	DENT WAS UNDERLYING	21B.	PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID (If in Baltime	ore City, give exact location)
	IBUTING CAUSE OF tify medical examiner	hom etc.		office bldg., INJURY OCCUR?	
U				215 HOW DIE 201122 COOK	
OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.)		Whi	ile At Not Wh		
22. 1 carei	fy that (1) (this-hospital	+ attended +	ne deceased from	fan 1966 to 1	July 1966
				1966 and that in (my) four of	// /
	e) last saw the decease				mian defith accurred an the
and have a	and from the causes stat	ed abave. (I) (We) (did not)	view the bady after death.	
23A. SIGNA	TURE /				23B. DATE SIGNED
MI	urialm/ Ko	2845	M.D. AI	tending Med. Stoff Phys.	& Jules blo
13C. PHYSIC	CIANS	-0100	Touch	23D. ADDRESS	June 1 616
NAME	Lauristo	n I. K	cown M.D.	1, 27 F Toleo Avo	// /
					/ /
REMOVAL	REMATION, 24B. DATE L (Specily)	24C. N	AME of CEMETERY or CI	REMATORY 24D. LOCATION	City, town, or county) (Stote
		064 N	low Cathada	Rollinons	Md.
Buria 25A. DATE REC	D BY HEALTH DEPT.	966 N	ew Cathedra	al Baltimore	ADDRESS
= 112 = 112	JUL 11 1966	(P.O. 1	5 E. Jarber M.		
		4000	, -,,		Balto 12.M
/S 150-PEV 1/	1/65				

ante Laspenia, lak Thronbookpour Musici nancton Leave the BIRTH N

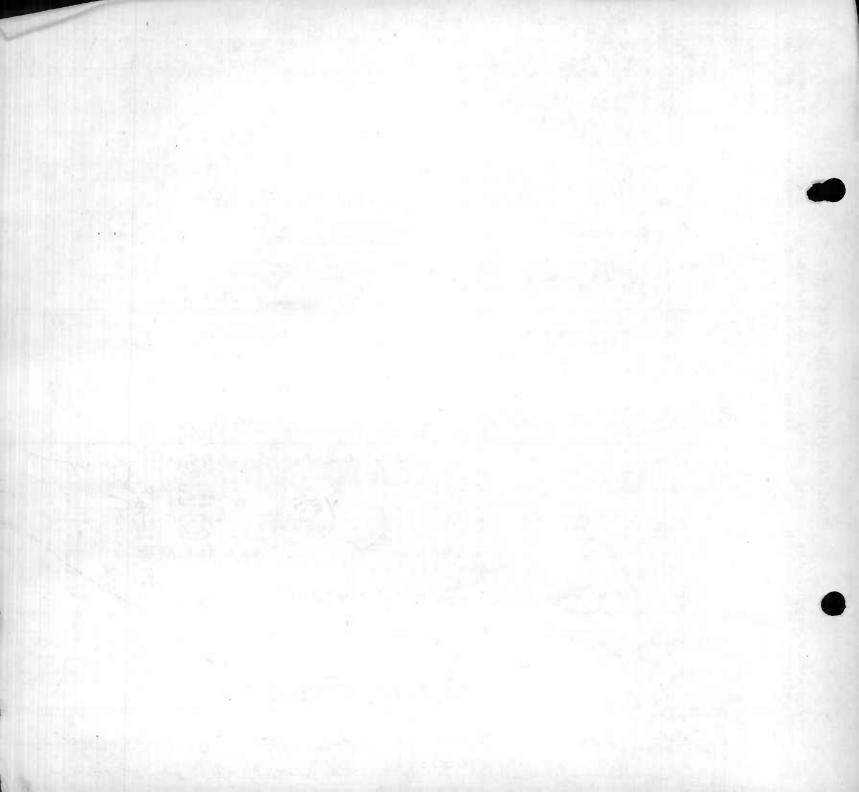
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Regist

BIRTH NO. MEDICAL EXAMINER 5	CERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print) SUSIE JACKSON	July 3, 1966 4:10 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
University Hospital (DOA)	Baltimore D. STREET ADDRESS (Il rurol, give locomion) 2113 Allendale Street
Female Colored 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUST done during most of working life, even if retired)	TRY IT. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME	14. MOTHER'S MAJOEN NAME
Clarence H. Jackson	Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
no	William Clarence Jackson 211 3 Allendale Rd.
18. CAU	SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
UNDERLYING OR CONTRIB-	,, in or about 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT NO	T WHILE WORK
	ond that on this bosis, death in my oplnian
7 6 60 1	CHIEF MEDICAL EXAMINER DATE SIGNED D. ASSISTANT MEDICAL EXAMINER TO THE TOTAL TOTAL TO THE TOTAL
EXAMINER'S Russell S. Fisher, M.D.	ASSOCIATE MEDICAL EXAMINER . July 4, 1966
23A, BURIAL CREMATION, 23B, DATE 23C. NAME OF CEMETERY REMOVAL (Specify) DURING QUEEN 9, 1966 LORENCE 477	un Saed bouget Magastrand
JUL 11 1966 Robert E. Farburn	24C. FUNERAL DIRECTOR ADDRESS 1727 C.
VS 151-REV. 1/1/65	Allington S. Thelles monere St.



C	ntributing cause of death	egular attendance on the ased prior to death. Such
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death the contributing cause of	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
FUNERAL DIRE	approved by the chief medical ex	(except where the physician (s) and (6) No physician was in (e) obtained before the remains a
	This certificate must be	was D.O.A. at a hospita deceased prior to death written approval must b

CC 07094	BALTIMORE CITY	HEALTH DEPARTMENT		00 1500
	CERTIFICAT	TE OF DEATH	Registered No.	55 17/021
ASE NO.		2. DATE A	ND HOUR OF DEATH	
Print ADA BIVEN	5	7/4	5/46	10:15 A
CE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COU	ere deceased lived. If in	nstitution; residence before admissio
L NAME OF (If not in haspital or instilution, give sh	heet	Maryland		
PITAL OR address ar locotion) ITUTION		C. CITY OR TOWN (If o	utside city limits, write I	RURAL ond give township)
Lutheran Hospital		D. STREET ADDRESS (f rural, give lacation)	60/
Lucy review Wosper , sel			anten St	
6. RACE 7. MARRIED, NEVE		B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 H Manths; Days Hours; Min.
ensle Negro e widowed, DIV		June 12 1881	last birthdoyl	Manths Days Hours Min.
UAL OCCUPATION (Give kind of work 10 B. KIND OF BUSIN	NESS OR INDUSTRY	T. BIRTHPLACE (State ar for	eign cauntry)	12. CITIZEN OF
ring mast of warking life, even if retired)		Virginia		WHAT COUNTRY?
HERS NAME	1	4. MOTHER'S MAIDEN NA		U,S,A
TIER & TACHTIE		Maritana ingipuli ita		
rnelius Jones	0.5144	Nancy Brown		ADDRESS
	ECURITY NO.	7. INFORMANT		ADDRESS
Unknown.		Ruth Woodson	3055LBrigh	ten Street
600,01	CAUSE OF	DEATH	Jehren et Ti	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		11 . di	Total	
LEADING TO DEATH his does not mean the mode of dying, e.g.,	(A) 19 /	ith Shret IT.	e / ept/ cong a	1 day
ort foilure, osthenio, etc. It meons the diseose,	La-	ith Shoet (T.	erminally)	7)
jury or complication which caused death.) ANTECEDENT CAUSES	(R) Din	elmentitis		Chrinci :!
	DUE TO	ந்த இந்தாயுள் பெற்பு முற்றன் புகிய கண்டு வ கின்ற பாடி இது இது படி தின்ற புகிய இது இது படி தின்ற புகிய இது இது இ	Be Matterland about the all spirit of the first of the spirit spirit state of the spirit state and the spirit stat	Number 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
SEASES OR CONDITIONS, il any, giving to the obove couse (A) stoting the	(C)			
NDERLYING CONDITION fost.				
III III	Dialida	mellitur		
THER SIGNIFICANT CONDITIONS CONTRIBUTING O THE DEATH BUT NOT RELATED TO THE	wi uners	monitors,		Typenus.
SEASE OR CONDITION CAUSING IT. A. DATE OF OPERATION 198, CONDITION FOR WHICH	H OREDATION	20A. AUTOPSY? (Yes ar N	O 208 IF VEC WIFE	FINDINGS CONSIDERED
WAS PERFORMED	TOTERATION	VES	IN CERTIFYING CA	USES OF DEATH?
A. ACCIDENT WAS UNDERLYING 21B. PLAC	E OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Baltimare	e City, give exact location)
CONTRIBUTING CAUSE OF home, for etc.)	m, factory, street, offi	ce bldg., INJURY OCCUR?		
	RY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
INJURY While At	Not While			
PPROX.) Wark	At Wark	Autono I	-	- / -
. I certify that (1) (this hospital) attended the de	ceosed from	wy y	19 64 to D2	ulg 5, 196619
ot (1) (we) last sow the deceased olive on	Uly 51	19 64 and t	hat In (my) (aur) opi	nion death occurred an the
d hour and from the causes stated above. (1) (We	(dld) (did not) vi	ew the body ofter deoth		
A, SIGNATURE				238. DATE SIGNED
Robert C Blaken, M.T.	M.D. Atter	nding Med.	Staff Physr	7/5/16
C.PHYSICIAN'S		3D. ADDRESS		
Robert C. Plus toma	M.D.	Lutheran	Jespital	
URIAL CREMATION, 248, DATE 24C, NAME of	of CEMETERY of CREE		LOCATION (C	ity, tawn, ar caunty) (State
EMOVAL (Specify)	/ /	0		
URIAL July 9, 194 ARBU	tus men.	JARK A	Butus	MARYLAND
ATE REC'D BY HEALTH DEPT.	T O	25C. PUNERAL DIRECTO	a Physica	1727 M.
JUI 11 1966 A. D. L. E	talky Min	Hekington	0, 8/1/1/	of moulee St.
	LUS Mess. GISTRAR FalleyMA	Section 240. Section 1240. 240. 240. 240. 240. 240. 240. 240.	Butus	MARYAGA



		TIMORE CITY HEAL			FATUR	66	07022	2
	BIRTH NO. MEDICAL EXA	MINER 3 C	EKTIFICA	IE OF D	EAIM Register	ed No		
	1. NAME OF DECEASED			2. DATE AND	HOUR PRONOUNCE	D DEAD		
	(Type or Print) RUTH	JACKSON		July	6, 1966		10:10	P
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNC	ED DEAD	I A. STATE		eceosed lived. If instit B. COUR	ution: resi		
	HOSPITAL OR HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	N, GIVE STREET	C. CITY OR TOV	2	corporate limits, write	RURAL of	nd give towns	hip)
1	2242 Guilford Avenue		D. STREET ADDI	RESS (If rurol, g	ive location)	-		100
			2:	242 Guil:	ford Avenue			
	5. SEX 6. RACE 7. MARRIED, NEV	ORCED (specily)	B. DATE OF BIRTI	Н	9. AGE (In years - lost birthday)		1 Yr. If Unde Doys Hours	
	Female Negro Sing		11-10-		58			
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BU	ISINESS OR INDUSTR	Maryla:		country)		T COUNTRY?	
	13. FATHER'S NAME	Acres of	14. MOTHER'S M				15111	
	James Starks			Fowler		313		
		SOCIAL SECURITY NO.	Hazel	Starks	1122 What	address		et
	18.420,0 + 1/63 X	CAUSE	OF DEATH				INTERVAL BI	ETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		oscleroti	c Heart	Disease.			
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discose, injury or complication which caused death.)	DÜE TO						
	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING	(B)			00020000440048488888888888			
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)		*******************				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHI	Carcin	noma of Lu		OR IE VEC WEDT FIN	DINGS	ONSIDERED	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHI	Carcin			OB. IF YES, WERE FIN	DI	NGS C	NGS CONSIDERED

WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes Yes V 21A, EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIBUTING □ CAUSE OF DEATH.

21D TIME (Month) (Do 21B, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct location)

21E. INJURY OCCURRED 21D TIME (Month) (Doy) (Yeor) (Hour) OF INJURY m. WHILE AT NOT WHILE

Charles S. Petty, M.D.

21F, HOW DID INJURY OCCUR?

I certify that I held on Inquiry Inspection resulted from: Natural couses X Accident ACTUAL

Autopsy X Suicide Homicide ___

ond that on this bosis, death in my opinion Undetermined monner

CHIEF MEDICAL EXAMINER

M.D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER

DATE SIGNED

23D. LOCATION

7/7/66

NAME (Type) REMOVAL (Specify)

23A. BURIAL CREMATION.

SIGNATURE

EXAMINER'S

23C. NAME of CEMETERY OF CREMATORY Mt. Auburn Cem.

Baltimore, Maryland

(City, town, or county)

(Stote)

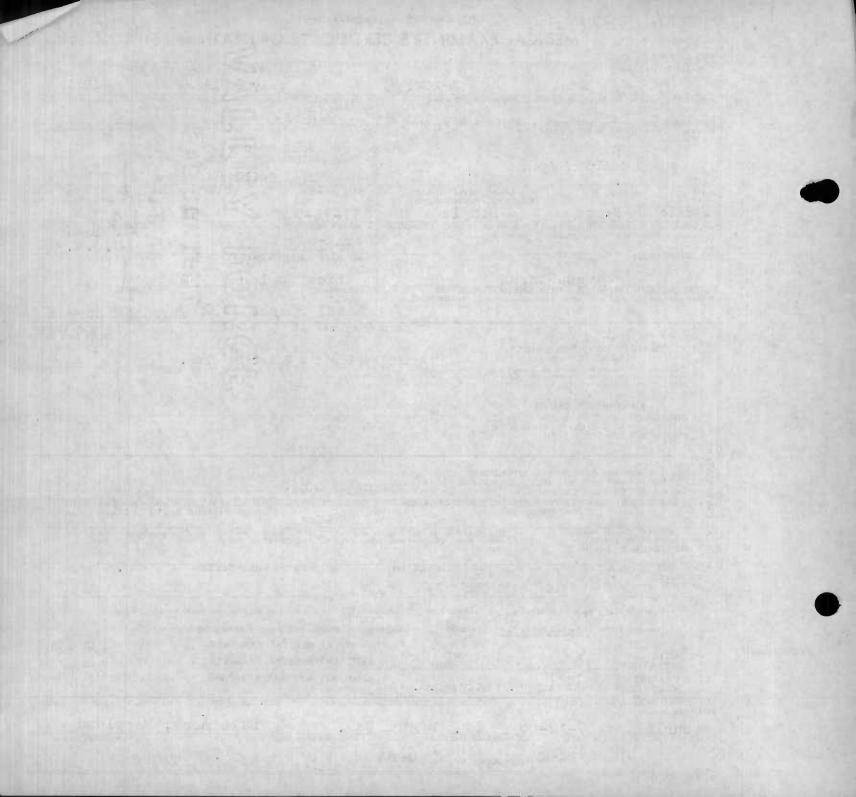
23B, DATE

JUL 11 1966 Robert E. Farkyma

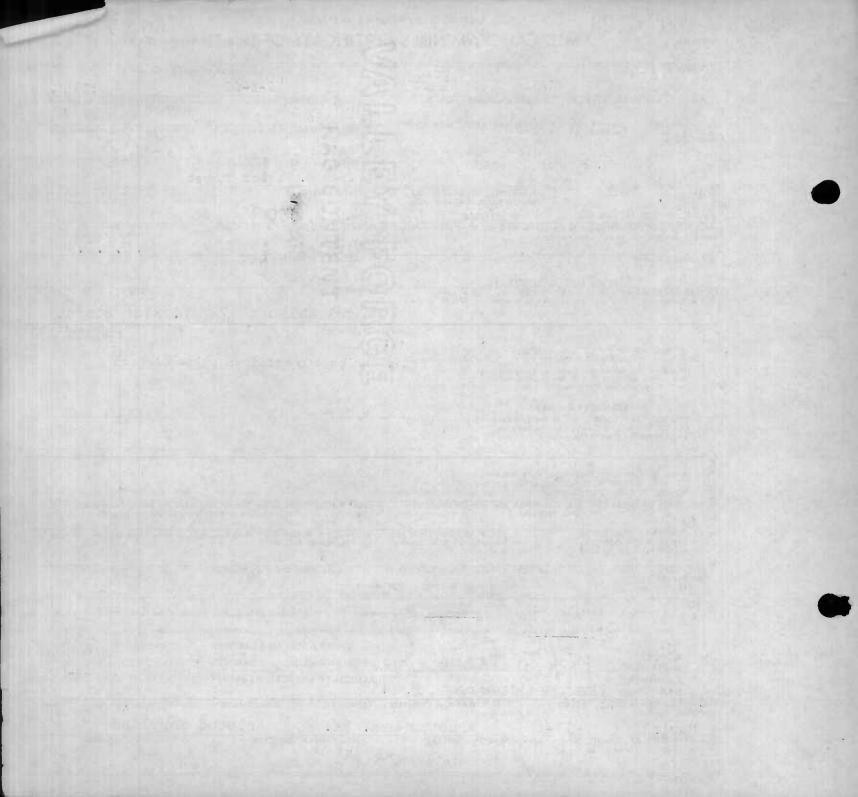
24C. FUNERAL DIRECTOR

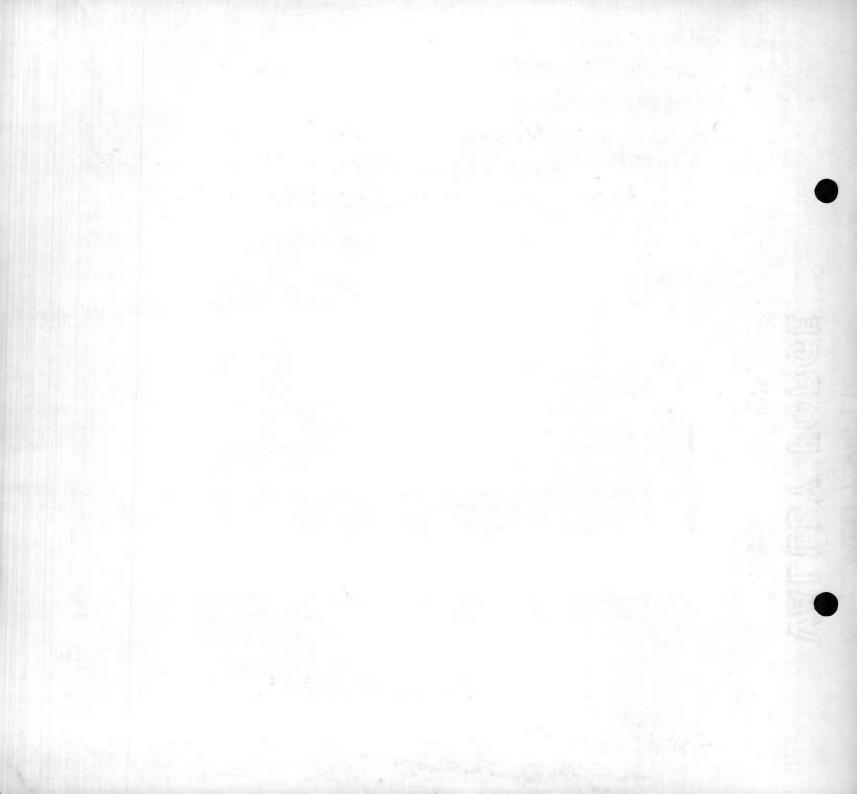
VS 151-REV. 1/1/65

22.



5-354		CERTIFICATE OF DEATH Registered No.			
	M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD			
	(Type or Print) CLARA STANLEY	7-8-66 8:10 A. M			
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY			
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland			
	HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
1	2940 W. Mosher Street	Baltimore D. STREET ADDRESS (If rurol, give locotion)			
0	2540 W. Hosher Berece	2940 W. Mosher Street			
E ALLE LES	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.			
	Female Colored widowed	May 2, 1900 66			
	done during most of working life, even if retired)	TRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
	13. FATHER'S NAME	Virginia U.S.A.			
	IS. FAIRERS NAME	14. MOTHER'S MAIDEN NAME			
	Abraham Lincoln 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO CIAL	Susie 17. INFORMANT ADDRESS			
	(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	Hazel Talbott 727 E. 21st Street			
		SE OF DEATH INTERVAL BETWEEN			
	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	riosclerotic cardiovascular disease			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- home, form, foctory, street, etc.)	g, in or about 21C. WHERE DID (If in Baltimore City, give exact location), office bldg, INJURY OCCUR?			
	m. WORK AT	D 21F. HOW DID INJURY OCCUR?			
	DIA DO	CHIEF MEDICAL EXAMINER DATE SIGNED DATE SIGNED DATE SIGNED ASSOCIATE MEDICAL EXAMINER 7-8-66			
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERS	Y or CREMATORY 23D. LOCATION (City, town, or county) (State)			
	7 11 66 Assessment Till	lem. Pk. Arbutus Maryland			
	24A. DATE REC'D BY HEALTH DEPT. 1966 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS			
	VS 151-REV. 1/1/65	770 (1/11/06/1/)/ \$			





NAME (Type) Charles S. Petty, M.D.

23A. BURIAL CREMATION, 23B. DATE

23C. NAME of CEMETERY of CREMATORY

Burial 7-11-66

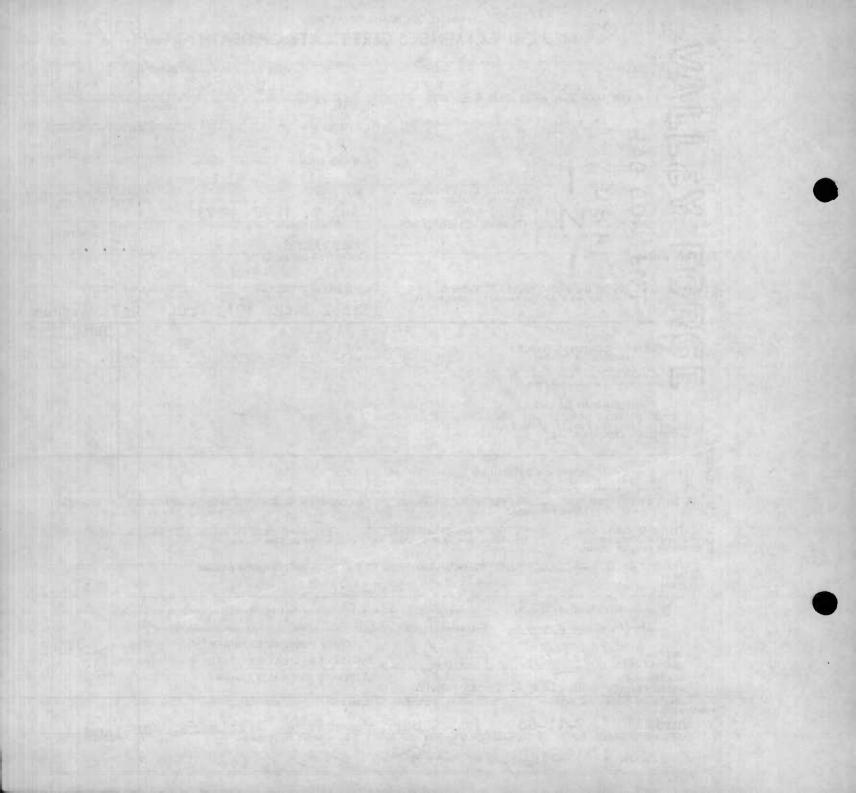
Mt. Auburn Cemetery Baltimore, Maryland

24A. DATE REC'D BY HEALTH DEPT.

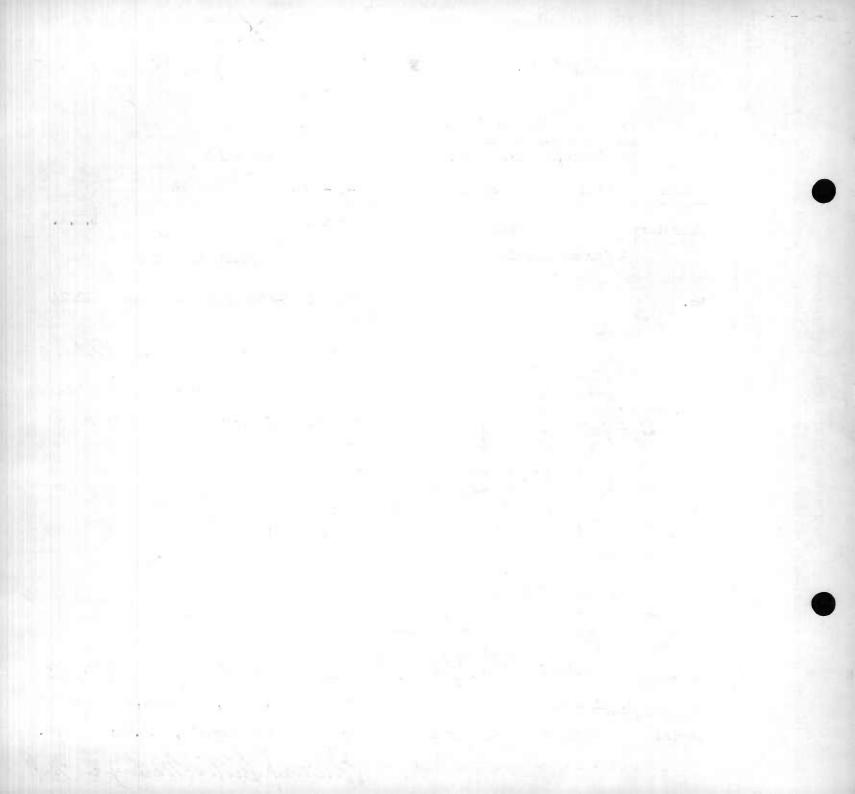
24B. NAME OF REGISTRAR

24C. FUNERAL DIRECTOR

VS 151-REV. 1/1/65



VS 150-REV. 1/1/65



VS 150-REV. 1/1/65

THE BUT , CALIFFARE

A HA

PROPERTY OF THE PARTY OF THE PA

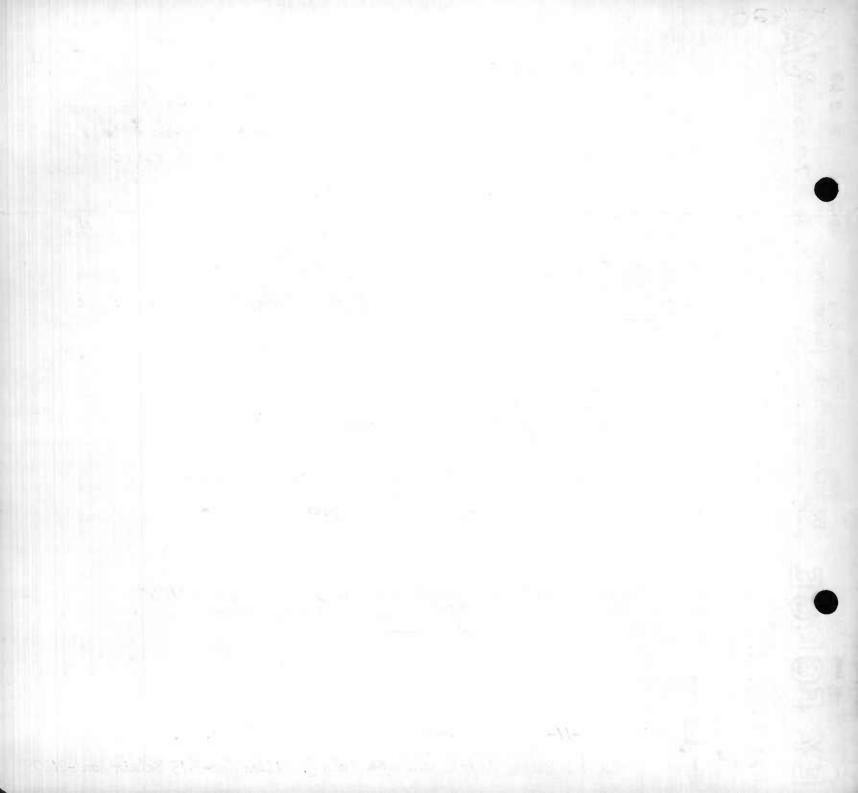
100

EXT 2 7 12211

IMPORTANT

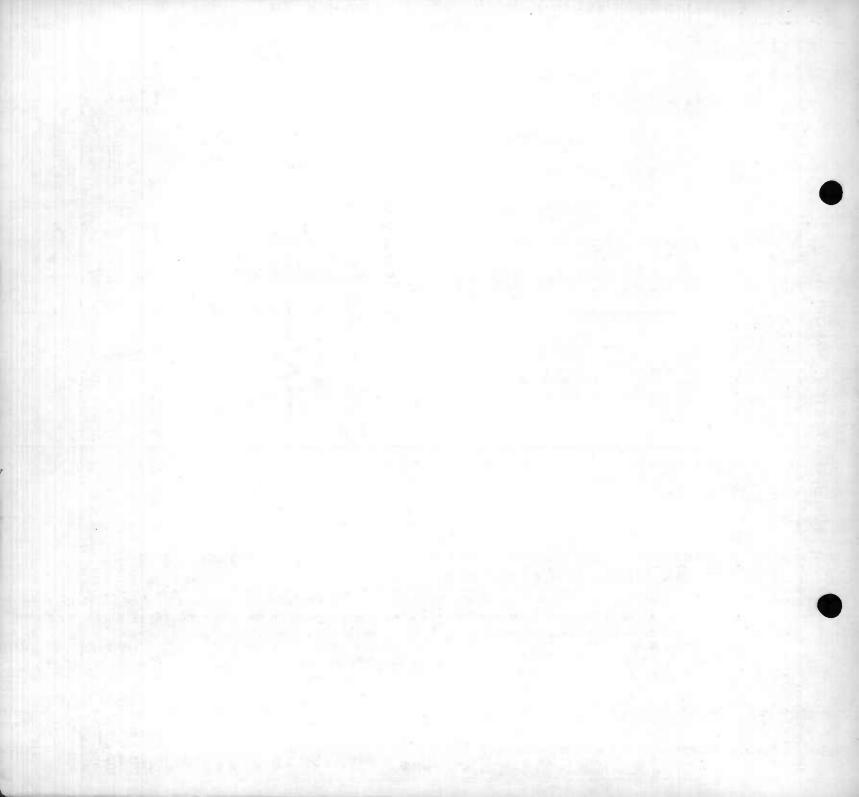
FUNERAL DIRECTOR:

0	a ariago	BALTIMORE	CITY HEALTH DEPARTMENT		On among
51K111 110.	6 07028	CERTIFI	CATE OF DEATH	Registered Na	66 U7U28
A.E. CASE NO.		. ^	2, DATE AN	D HOUR OF DEATH	20
ype or Print)	arks. Co	erroll Cl	iristopher 7	18/66	112 A
PLACE OF DEATH IN	BALTIMORE MARYLAN	ID	4. USUAL RESIDENCE (WWW.		tution: residence before admiss
FILL NAME OF	Alt mat in benefital as inco	district and attack	MA B	- 140 P: 8	۷.,
FULL NAME OF HOSPITAL OR	(If not in hospital or inst address or location)		C. CITY OR TOWN (If our	tside city limits, write RU	RAL and give township)
INSTITUTION W	opkins Hos	pital	Baltimor		7-44 .
3 Broad w	411			rurol, give location)	
	ore		3508 WI	rite Ave	nue
SEX 6. RA	CE 7. M	ARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24
M		EVER MANYICA	6/16/51	lost birthdoy)	Months Doys Hours Mir
A. USUAL OCCUPATIO	1/1	IND OF BUSINESS OR IND		gn country)	12. CITIZEN OF
one during most of working	life, even it retired)		m D		WHAT COUNTRY?
STUDENT B. FATHERS NAME			1100		Uesitti
FAIHERS NAME	D /		14. MOTHER'S MAIDEN NA	17	
George	Parks		Kothal	Kuark	
. Wos Deceased Ever i	n U. S. Armed Forces?	ervice) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		SECORITI NO.	Pathal Park	c as	a house
1B. /	7.1	CAU	SE OF DEATH	, 4,	INTERVAL BETWEEN
1 T T 3	CONDITION DIRECTL				ONSET AND DEATH
	ING TO DEATH	(4)	pheumonia	,	3 days
	ean the mode of dying				0000
	nia, etc. II meons lhe d ian which caused deoth				
ANTEC	CEDENT CAUSES	(B)			
DISEASES OR CO	ONDITIONS, if ony,			1	17
rise to the obo	ove couse (A) slatin	ng the (C)	Muscular Dyst	rophy	13 yrs.
UNDERLYING COL	NUITION TOST.			/ /	/
Z OTHER SIGNIFICAN	II	DITTING		n .	
E TO THE DEATH	BUT NOT RELATED		ble heart to	nº /ure	
	ATION CAUSING IT.	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No		IDINGS CONSIDERED
19A. DATE OF OPER	WAS PERFORM		110	IN CERTIFYING CAUS	ES OF DEATH?
U 21A. ACCIDENT WA	AS UNDERLYING	218, PLACE OF INJURY	(e.g., in or obout 21C. WHERE DID	(If in Boltimore C	City, give exact location)
OR CONTRIBUTING	CAUSE OF	home, lorm, foctory, streets,	eet, office bldg., INJURY OCCUR?		
U					
OF INJURY (Mon	th) (Doy) (Year) (Ho			URY OCCUR?	
(APPROX)		While At No	Work Work	- 1	
22. I certify that	(1) (this haspital) atte	ended the deceased from	7/5/6	19 6610	19 6
	sow the deceased ali	710			an death occurred an the
				(), (voi) vpiiii	ve vevolino dii ille
23A. SIGNATURE	. The causes stated at	pove. (I) (FE) (did) (did-	view the body after death.	To To	3B. DATE SIGNED
A) II	1 6 20	A M.D.	Attending Med.	Stoff	2/0///
- Thore	V 60 1/11	MIS	Phys. Director	Phys.	1/8/66
23C. PHYSICIAN'S NAME (Type)	2 11 -		23D. ADDRESS		
K	Obb E.	Moses	M.D. JHH		
REMOVAL (Specily		24C. NAME of CEMETERY	OF CREMATORY 24D. L	OCATION (City,	town, or county) (Stat
Burial	6-11-66	Parkwood (emeteru	Balto. Md.	
SA. DATE REC'D BY H		NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
CON DAIL MEC D DI 11			23C. TONERAL DIRECTOR		
1		Robert E. Fall			elair Road-2120



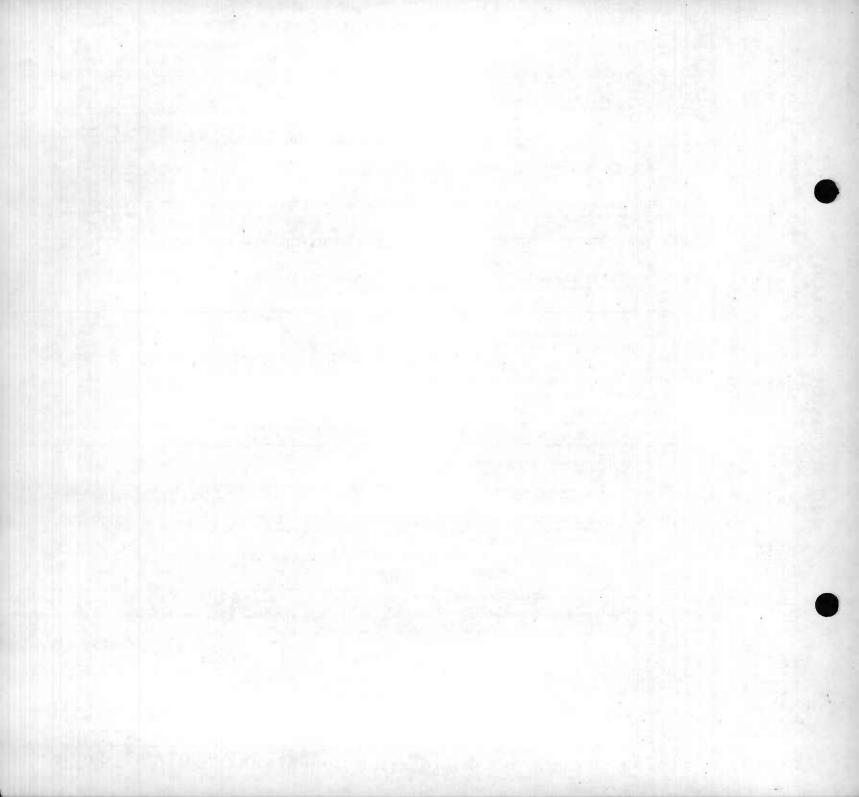
(A.A.) 20 25 25 2

VS 150-REV. 1/1/65



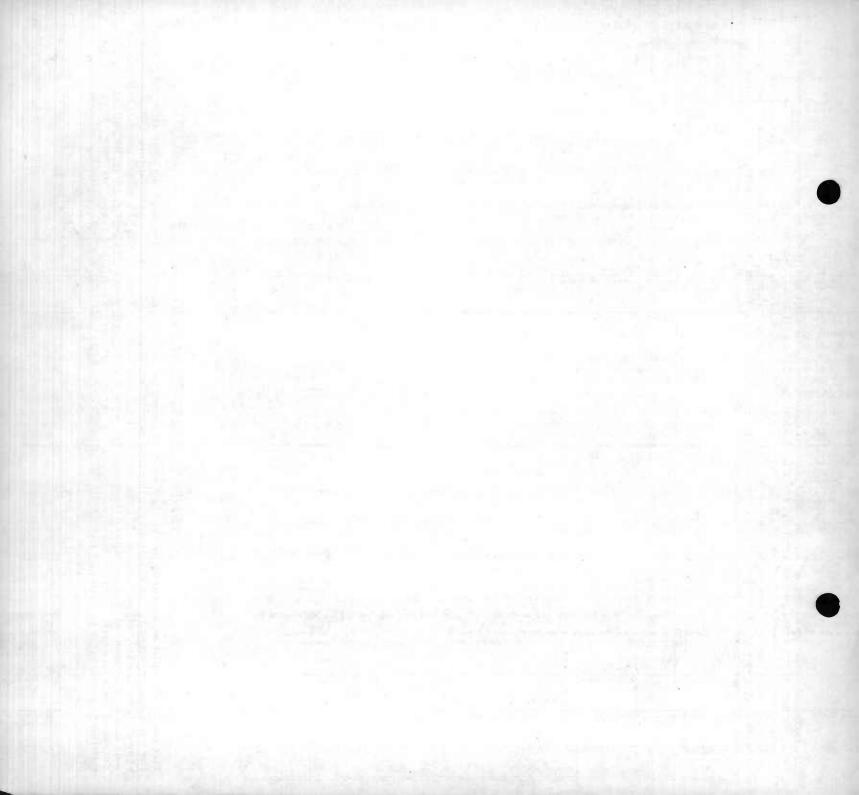
Registered No. BIRTH NO. CERTIFICATE OF DEATH Such of death Deceased M.E. CASE NO. I. NAME OF DECEASED 2, DATE AND HOUR OF DEATH (Type or Print) 0 i hospital 3 0 death. 4. USUAL RESIDENCE (Where deceosed lived, II institution: residence before admission)
A, STATE
B, COUNTY auce (2) cause FULL NAME OF HOSPITAL OR A (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and mive township) attend **INSTITUTION** 8 prior D. STREET ADDRESS contributing occurred CSAL is made. (4) Undetermined ar 5. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In years 6. RACE 8. DATE OF BIRTH If Under 1 Yr. II Under 24 Hrs. regu deceased WIDOWED, DIVORCED (specify) lost birthdoy) Months Doys Hours 2 5 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHP 12. CITIZEN OF LACE (State or foreign country) Ξ disposition death WHAT COUNTRY? done during most of working life, even if retired) 450 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME eath IMPORTAN 0 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL ADDRESS or final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. attendance CAUSE OF DEATH INTERVAL BETWEEN his ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH fracture (This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. Il means the disease, the chief medical examiner FUNERAL DIRECTOR: 0 injury or complication which coused death,) regu ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stoling the physician UNDERLYING CONDITION Iost. obtained before the remains Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION 20 A. AUTOPSY? (Yes) or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office b)dg., INJURY OCCUR? 3 (If in Boltimore City, give exact location) to the hospital ° MEDICAL DEATH (notify medical examiner) nature; 3 (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except While At Not While (APPROX.) and Work At Work any 22. I certify that (1) (this hospital) attended the deceased fram. 22/66 death); that (1) (we) lost sow the deceased alive on 66 and that is (my) (our) opinion death occurred on the date of hospital and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. the body was released must accident 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. Med. Stoff 40 approval Director Phys. 0 23C. PHYSICIAN'S 23 D. ADDRESS prior at NAME (Type) 24A. BURIAL CREMATION, 24B, DATE 24C. NAME of CEMETERY of CREMATORY eceased D.0 REMOVAL (Specify) shows: SD 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 3 73 VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

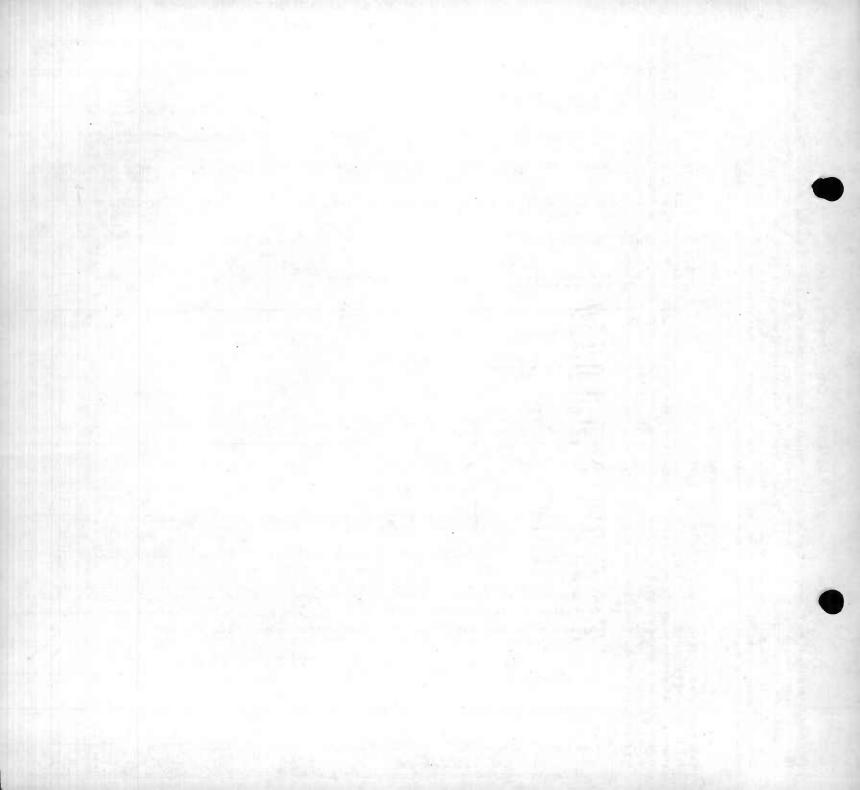


IMPORTANT

FUNERAL DIRECTOR:



	66-14142	BALTIMORE CIT	Y HEALTH DEPARTMENT		66 07033
BIRTH	NO. 66 U/USS	CERTIFICA	ATE OF DEATH	Registered Na	00 0.000
I. NA	ME OF DECEASED	2 100.1	2. DATE AN	D HOUR OF DEATH	115
Туре	or Print) BABU A	Sou Mill.	PP JU	14 2.19	661 7- F
. PL/	ACE OF DEATH IN BALTIMORE MARYLAND	7	4. USUAL RESIDENCE (Whe	re deceosed lived. Il in:	stitution: residence before admi
		0	A. STATE B. COUN	U	13-02
HO	LL NAME OF (If not in hospital or institute oddress or location)	ion, give street	C. CITY OR TOWN (If ou	teide eite limite unite D	URAL and give township)
INS	STITUTION		Roll	1 00	DIAL ond give township
4/		/	D. STREET ADDRESS (III	rurol, give-location)	2/2//
0.	Md. GEN. H	05p.	77/	Lenne	21/4
. SEX		RIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	
V		OWED, DIVORCED (specify)	11 - 1011	tost birthdoy)	Af Under 1 Yr. II Under 24 Months Doys Hours N
//	1Ale MegRo	NB	JU142,1966		1
	SUAL OCCUPATION (Give kind of work 10 B. KIN turing most of working life, even if retired)	D OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
			md.		115A
3. FA	THER'S NAME		14. MOTHER'S MAIDEN NA	ME	12011
	10000 M1	20 t	1	m. 1/2	
5. W-	os Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	MILLER	ADDRESS
Yes, n	o or unknown) (Il yes, give wor ar dates of serv	SECURITY NO.	MINIORIVIANI		WDD KE22
			Mother	e	
18	776X	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		0 1 -	_	ONSET AND DEATH
	LEADING TO DEATH	(A)	Im ma fuil	ly	
	This does not meen the mode of dying, eart failure, asthenia, etc. It means the dise		A 45 45 15 15 15 15 15 15 15 15 15 15 15 15 15	3	
	njury or complication which coused death.)				
	ANTECEDENT CAUSES	(B)	**************************************		***************************************
D	DISEASES OR CONDITIONS, if ony, gi				
ri	se to the obove couse (A) sloting		·	********	
N C	II OTHER SIGNIFICANT CONDITIONS CONTRIBE	ITING			
	O THE DEATH BUT NOT RELATED TO	THE			
	DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES WEDE E	INDINGS CONSIDERED
CERTIFIC 19	WAS PERFORMED	THE STREET		IN CERTIFYING CAL	ISES OF DEATH?
U 21	A. ACCIDENT WAS UNDERLYING	21B, PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	(If in Relaiseers	City, give exact location)
_ 0	R CONTRIBUTING CAUSE OF	home, form, foctory, street, o	office bldg., INJURY OCCUR?	tii in Poliimore	with the exect tocasaut
U	EATH (notify medical examiner)	etc.)			
	FINJURY (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(A	APPROX.)	While At Work At Work	le		
22	2. I certify that (I) (this hospital) attend		1	10.6/	0.1 2 12 1
		000	111	//	2 19 6
	nat (I) (we) last saw the deceased alive	///		at in (my) (aut) apin	ion death occurred an the
	nd hour and fram the causes stated abay	e. (I) (We) (did) (did nat)	view the bady after death.		
23	BA. SIGNATURE				23 B. DATE SIGNED
	In ha	M.D. Att	tending Med. Director	Stoff Phy s.	
23	C. PHYSICIAN'S		23D. ADDRESS		
	NAME (Type)	M.D.			
		M.D.			
40 .	DIIDIAL CREATATION OF BATE	C NAME / COLUMN	PALATONY To :-		
4A. E	REMOVAL (Specify)	C. NAME of CEMETERY of CR		OCATION (Cit	y, town, or county) (St
4A. E	BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 2-8-66 A	C. NAME OF CEMETERY OF CR Medical Examine		BALES.	y, town, or county) (St.
R	REMOVAL (Specify)	Medical Examine		BALE.	y, town, or county) (Ste
R	ematedy 2-8-66 A	1 1 -	RS Office 52 25C. FUNERAL DIRECTOR	Balto.	ADD RESS
25A. [ematedy 2-8-66 A	Medical Examine	RS Office 52 25C. FUNERAL DIRECTOR	Salto. Samuelor 700	ADD RESS



BIRTH NO.

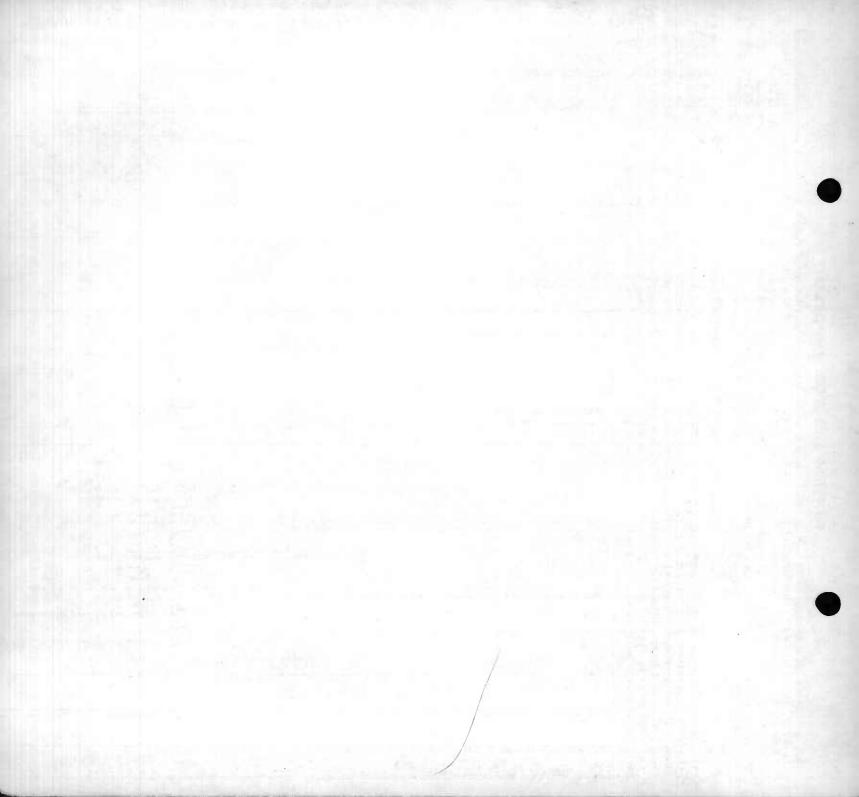
IMPORTANT

FUNERAL DIRECTOR:

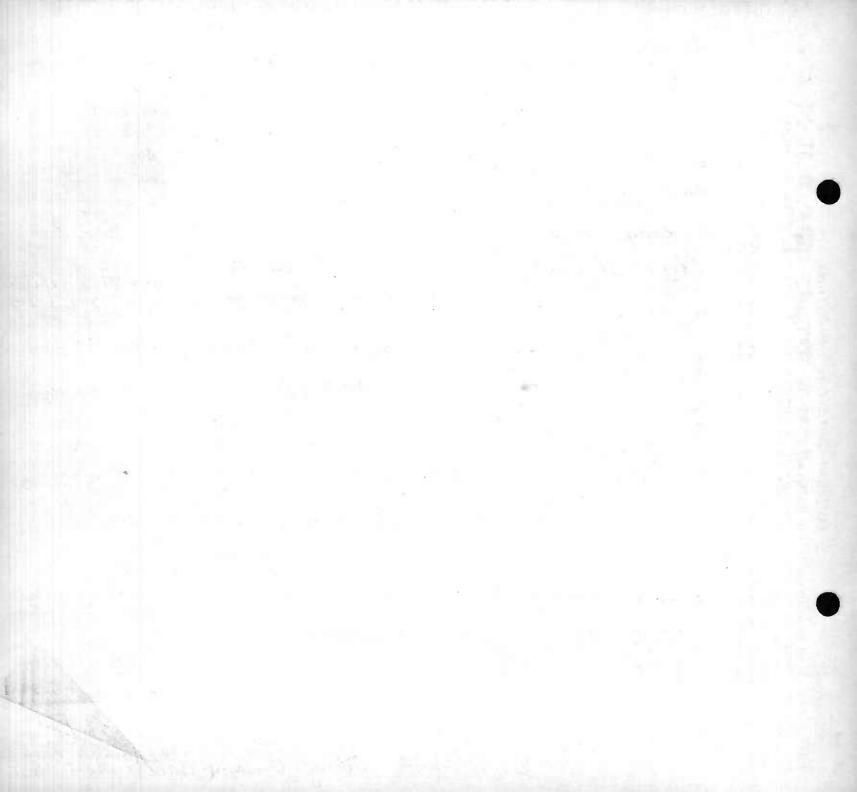
BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

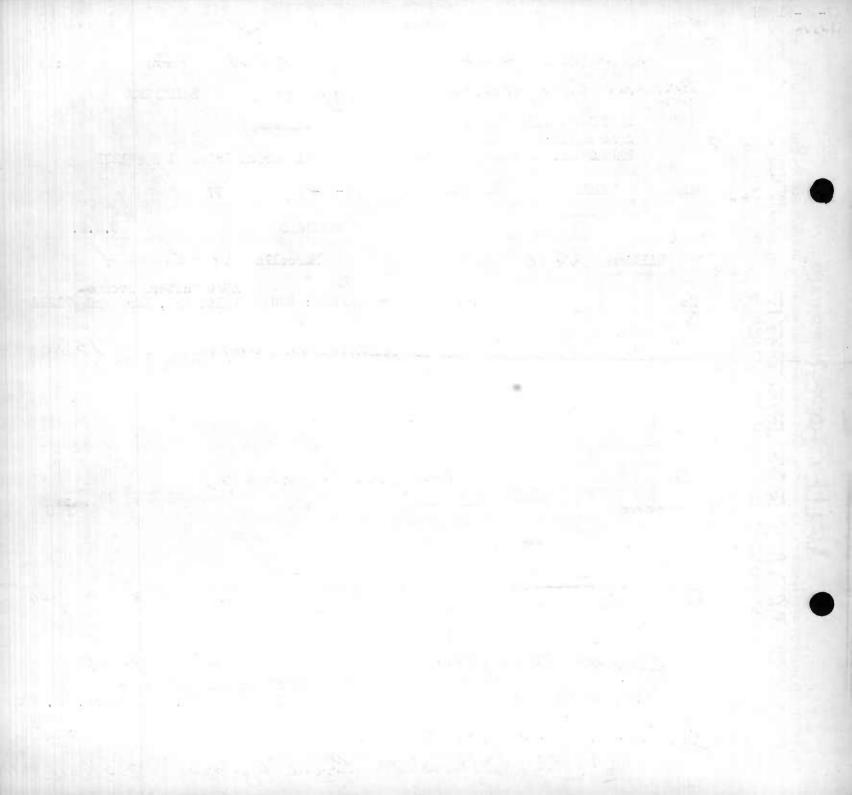
If Under 24 Hrs. Hours Min.

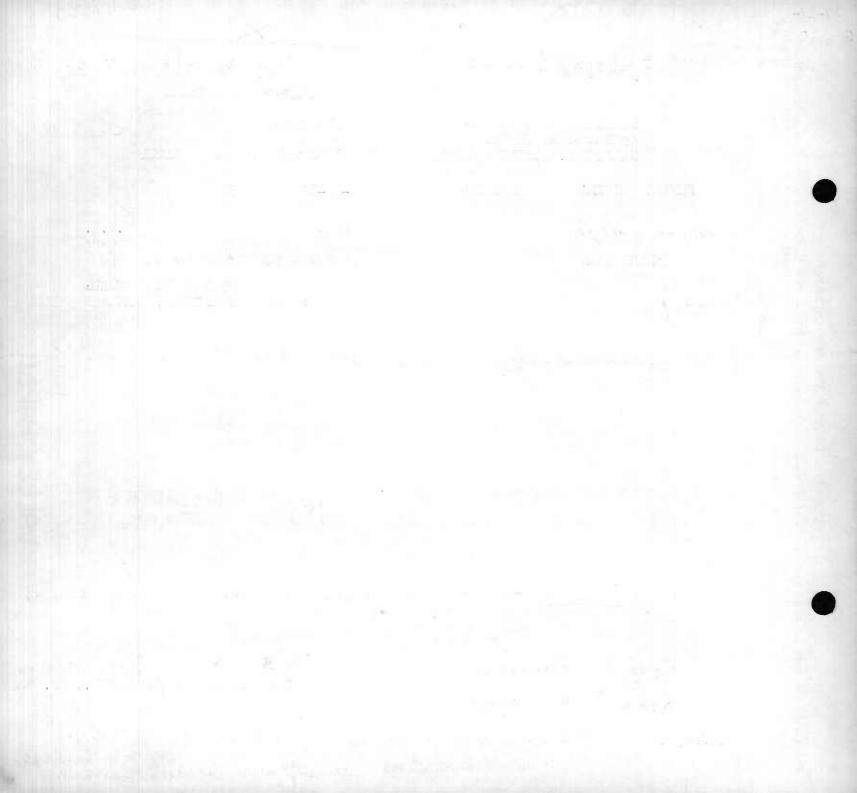


Or marchie action 12 - 26 6 m 27 1. 22 - 16 4 m ISRAHUL TEMEZONES NECESTRAFIONY



VS 150-REV. 1/1/65





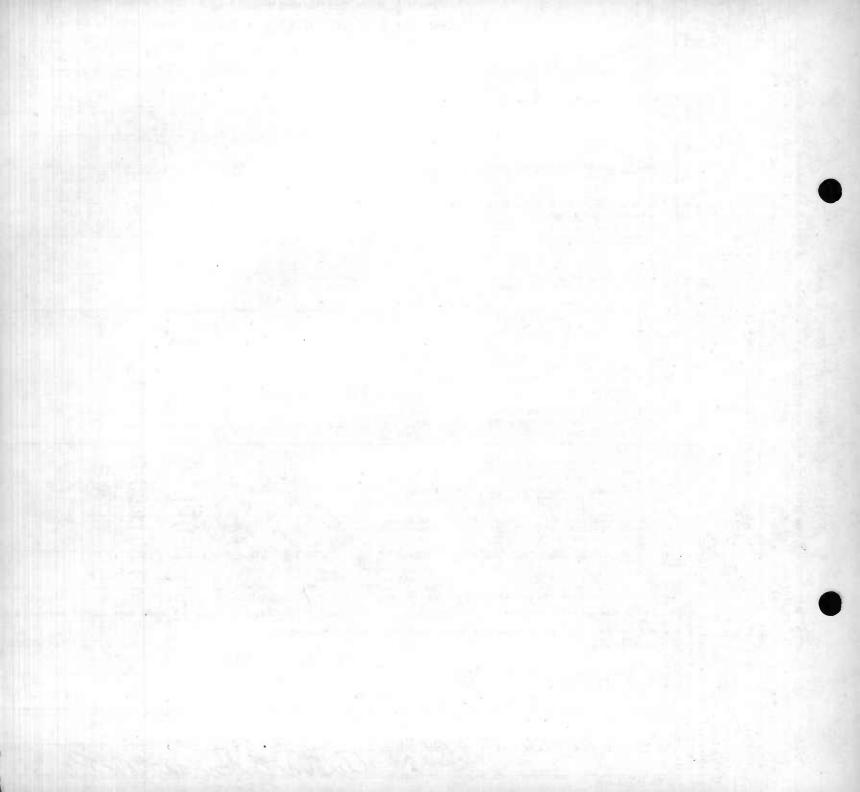
00	07039	BALTIMORE CITY HE	ALTH DEPARTMENT		66 07039
BIRTH NO.	MED	ICAL EXAMINER'S	CERTIFICATE OF D	EATH Register	
M.E. CASE NO.					
1. NAME OF DE	CEASED		2. DATE AND	HOUR PRONOUNCE	
trype or rinti	Charl	les G. BAESCH	July	10, 1966	4:45 P.
3. PLACE IN BAI	TIMORE MARY ANT	THE ROUTE POLL	4. USUAL RESIDENCE (Where de	eceosed lived. If institu	ation: residence before admissio
FULLENTOF	(IF NOT IN HOSPIT	TAL OR INSTITUTION, GIVE STREET	Maryland	12 12	21124
HOSPITAL OR	ADDRESS OR LOC.	ATION) 7/20/6	C. CITY OR TOWN (If oulside	corporate limits, write	RUKAL and give township)
	2422 Frederi	ick A	Baltimore D. STREET ADDRESS (If rurol, g	() () () () () ()	70007
0	Z4ZZ Fledell	ich Ave	2422 Freder		
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr, If Under 24 H
Male	White	WIDO WED, DIVORCED(specify)	1-16-17	lost birthdoy) 49	Months Doys Hours Min
		THE MANUEL MANUEL OF THE STATE	RY 11. BIRTHPLACE (State or foreign)		12. CITIZEN OF
1 1 2	working life, even if retired)	0000	mod		WHAT COUNTRY!
13. FATHERS NA		- Chances	14. MOTHER'S MAIDEN NAME	1	1001
1	full W.	Basch	Unil Cur	ley Ba	esch
	ED EVER IN U.S. ARME		17. INFORMANT	1	ADDRESS
ATES, NO OF UNKNOW	n) (If yes, give wor or dot	21803800	A amil Red	Irak -	Alane.
18.	100011	CAU	SE OF DEATH	QUIT.	INTERVAL BETWEEN
J DISE	ASE OR CONDITION D				ONSET AND DEAT
	LEADING TO DEATH	Н	Cirrhosis of liver		
(This does heart foilur	not meon the mode of e, osthenio, etc. It meon omplication which coused	of dying, e.g., DUE TO	***************************************		
Injury or c	omplication which coused	deoin.)			
	ANTECENDENT CAUS	(8)	998		
RISE TO T	OR CONDITIONS, IF A HE ABOVE CAUSE (A) S ING CONDITION LAST.	STATING THE			
	ING CONDITION LAST.	(C)	00000-00000-0-0000		
S	11				
OTHER SIG	ONIFICANT CONDITIONS DEATH BUT NOT RE				
H DISEASE	OR CONDITION CAUSING	G 1T		***************************************	***************************************
O SALE O		NDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 2	N CERTIFYING CAUSE	
ZIA. EXTERN.	AL CAUSE WAS	21B. PLACE OF INJURY (e.g.	, in or about 21C. WHERE DID (If	in Boltimore City, give	e exact location)
O UNDERLYING	USE OF DEATH.	home, form, foctory, street,	office bldg., INJURY OCCUR?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
E 21D TIME	(Month) (Doy) (Yes	or) (Hour) 21E. INJURY OCCURRED	21F, HOW DID INJUR	Y OCCUR?	
OF INJURY (APPROX.)	(100		WHILE		
22,					
I ce	rtify that I held an	Inquiry Inspection A	utopsy A and that an this	bosis, death in my	apinian
rest	ulted fram: Natural ca	auses X Accident Suici		ndetermined manner	
ACTUA		//	CHIEF MEDICAL EXA		DATE SIGNED
SIGNA		- whe M.	D. ASSISTANT MEDICAL EXA	MINER	
EXAMI NAME	(Type) Russell	1 S. Fisher, M.D.	ASSOCIATE MEDICAL EXA		July 11, 19
23A. BURIAL CR		23C. NAME of CEMETERY	or CREMATORY 23D. LO	CATION City, 1	town, or county) (State)
Lun	al 7-13	-66 / n/sto	(alionel)	Salle	Med
24A. DATE REC'I	D BY HEALTH DEPT.	24B. NAME OF REGISTRAR	24CA FUNERAL DIRECTOR	-	ADDRESS
	HH 19 1066	Rebet E. Farbura	1 Hun 4. 1/21	were of In	1 hier
VS 151-REV. 1/1	765		Jung an	12	2 Ole Mist

Letter from Dr.Fisher 7/13/66

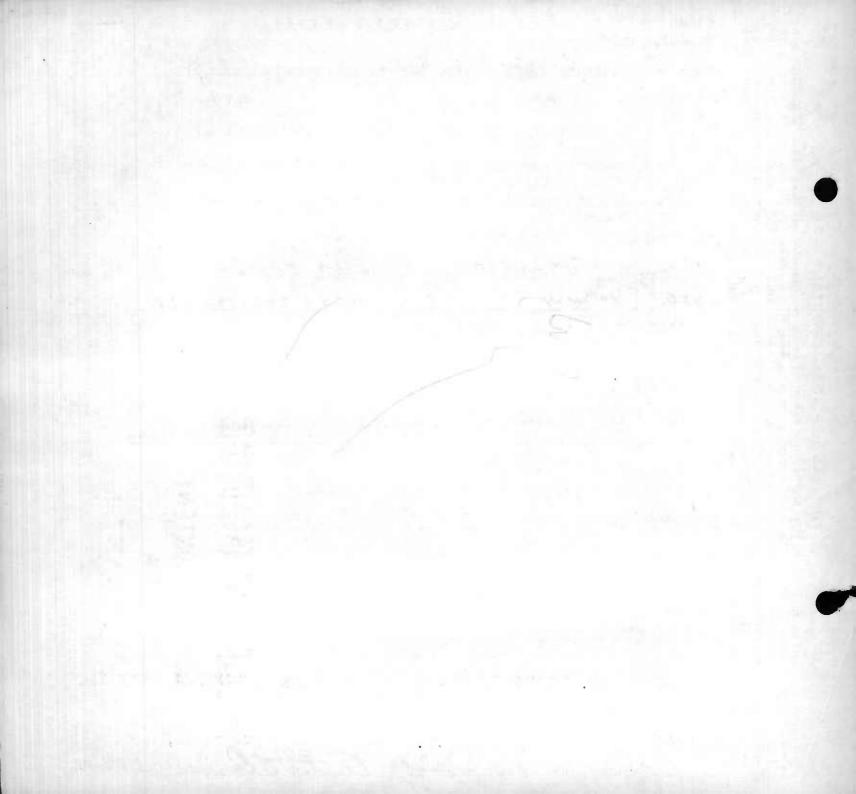
				SATE OF BEAT	Registered	No. 00 07040
BIRTH NO.	66 U70	Jr. ()	CERTIFIC	CATE OF DEAT	H	
N.E. CASE NO. I. NAME OF DECE Type or Print)	ASED (211011	11	2. DA	TE AND HOUR OF D	9:30 A
B. PLACE OF DEA	TH IN BALTIMORE, M	ARYLAND		4. USUAL RESIDENCE A. STATE B.	(Where deceased live	d. If institution; residence before odmis
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospito oddress or locati	ol ar institution, g ion)	ive street	C. CITY OR TOWN ,	(If outside city limits,	write RURAL and give township)
ma	y land	gener.	flap.	D. STREET ADDRESS	(If tural, give locati	on) N 1 3 0
S. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	1111001	9. AGE (In year lost birthday)	Months Doys Haurs M
	PATION (Give kind of wo		BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote		12. CITZEN OF WHAT COUNTRY?
Hou	cecupie.	4				ac, S
3. FATHER'S NAM	11	Lean. 1.	1111	14. MOTHER'S MAIDE	N NAME	
5. Was Deceased	Ever in U. S. Armed F	orces?	1 6. SOCIAL	17. INFORMANT	y e man	ADDRESS
Tes, no of unknown	(If yes, give wor ar do	ones of service)	SECURITY NO.	9 Chart		
18. DISEAS	e or condition b	O 3 X	CAUS	E OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
(This does no	LEADING TO DEATH	H of dying, e.g.,	(A) DUE TO	RONCIFOTA	Jeuron	07804
(This does not heart failure, of injury ar camp A DISEASES Orise to the	LEADING TO DEATH al mean the made of asthenia, etc. It mean plication which cause interest of the control of the cause of the cause of the cause (A abave cause (A)	of dying, e.g., as the disease, ad death.) ES any, giving	(B) DUE TO	RONCITOPÀ femusiciet JASCULLAR	esta ce	REVEAL SE
(This does not heart failure, of injury at camp A DISEASES OF rise to the UNDERLYING OTHER SIGNIFUL TO THE DE DISEASE OR OF TO THE DESTRUCTION OF TH	LEADING TO DEATH at mean the made of asthenia, etc. It mean plication which cause in the cause of the cause o	of dying, e.g., as the disease, and death.) ES any, giving) stating the CONTRIBUTING LATED TO THE	DUE TO	IPLE MYE	ROMA	
(This does not heart failure, of injury at camp A DISEASES OF rise to the UNDERLYING OTHER SIGNIFUL TO THE DE DISEASE OR OF TO THE DESTRUCTION OF TH	LEADING TO DEATH at mean the made of asthenia, etc. It mean plication which cause interest of the cause of th	of dying, e.g., as the disease, and death.) ES any, giving) stating the CONTRIBUTING LATED TO THE	DUE TO		COMA or No! 20B. IF YES.	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
VO OTHER SIGNIF TO THE DE DISEASE OF CO OR CONTIBUT OF CONTIBUT	LEADING TO DEATH at mean the made of asthenia, etc. It mean plication which cause interest of the cause of th	of dying, e.g., as the disease, and death.) ES any, giving) stating the CONTRIBUTING LATED TO THE IT. ENDITION FOR WERFORMED	DUE TO (C) PHICH OPERATION PLACE OF INJURY (6)	PUE MYE	or No) 20B. IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED
This does not heart failure, of injury at camp. A DISEASES Of rise to the UNDERLYING OTHER SIGNIFT TO THE DE DISEASE OR COTHE DE DISEASE OR COTHER DE DISEASE OR COTHER DE DISEASE OR CONTRIBUTE DEATH (notify)	LEADING TO DEATH al mean the made of asthenia, etc. It mean plication which cause with the cause of the cause	of dying, e.g., as the disease, and death.) ES any, giving) stating the CONTRIBUTING LATED TO THE LIT. INDITION FOR WERFORMED 218. hom.etc.)	PLACE OF INJURY (e., form, factory, stree	20A. AUTOPSY? Yes 20A. AUTOPSY? Yes 4 C	or No) 20B. IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
(This does not heart failure, of injury at camp A DISEASES OF rise to the UNDERLYING TO THE DE DISEASE OR (19.4) DEATH (notify) 21 D. TIME OF INJURY (APPROX.)	LEADING TO DEATH al mean the made of asthenia, etc. It mean plication which cause to the control of the control	of dying, e.g., as the disease, and death.) ES any, giving) stating the CONTRIBUTING LATED TO THE IT. ENDITION FOR WARFORMED 218. hommetc.) (Hour) 218. Whit Worl	PLACE OF INJURY (e., form, factory, stree	20A. AUTOPSY? Yes 20A. AUTOPSY? Yes 4 C	or No! 208. IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
VOIL VIOLENTIAL OF INJURY (APPROX.) (This does not heart failure, or injury ar camp of injury ar camp of injury ar camp of injury are camped on the desired of the desired of injury (APPROX.) (This does not heart failure of injury are camped on the desired of injury (APPROX.)	LEADING TO DEATH al mean the made of asthenia, etc. It mean plication which cause to the cause of the cause o	of dying, e.g., as the disease, ad death.) ES any, giving) stating the CONTRIBUTING LATED TO THE LATED TO	DUE TO (C) PLACE OF INJURY (e., form, factory, stree INJURY OCCURRED A I V deceased from	20A. AUTOPSY? IYes 20A. AUTOPSY? IYes 4 S	or No) 20B. IF YES, IN CERTIFYIN IN CERTIFYI	WERE FINDINGS CONSIDERED G CAUSES OF DEATH? Oltimoro City, give exact location)
VOIL VIOLENTIAL OF INJURY (APPROX.) (This does not heart failure, or injury ar camp of injury ar camp of injury ar camp of injury are camped on the desired of the desired of injury (APPROX.) (This does not heart failure of injury are camped on the desired of injury (APPROX.)	LEADING TO DEATH al mean the made of asthenia, etc. It mean plication which cause the control of the cause of	of dying, e.g., as the disease, ad death.) ES any, giving) stating the CONTRIBUTING LATED TO THE LATED TO	DUE TO (C) PLACE OF INJURY (e., form, factory, stree INJURY OCCURRED AI V deceased from	20A. AUTOPSY? IYes 20A. AUTOPSY? IYes 4. affice bidg., INJURY OCC 21F. HOW DI	or No) 20B. IF YES, IN CERTIFYIN IN CERTIFYI	WERE FINDINGS CONSIDERED G CAUSES OF DEATH? oltimoro City, give exact location) 19 6 r) apinion death accurred an the
VOIL TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and	LEADING TO DEATH al mean the made of asthenia, etc. It mean plication which cause to the control of the control	of dying, e.g., as the disease, ad death.) ES any, giving) stating the CONTRIBUTING LATED TO THE LATED TO	PLACE OF INJURY (e., form, foctory, stree INJURY OCCURRED (We) (did) (did no M.D.	20A. AUTOPSY? IYes 20A. AUTOPSY? IYes 21F. HOW DI While Vork 19 Attending Med.	or No. 20B. IF YES, IN CERTIFYIN OLD UR? (If in B. 19 19 19 19 19 19 19 19 19 19 19 19 19	WERE FINDINGS CONSIDERED G CAUSES OF DEATH? Oltimoro City, give exact location) Tark 19 6 r) apinion death accurred an the

VS 150-REV. 1/1/65

Cluster O. Donovan Jolf Kolandin



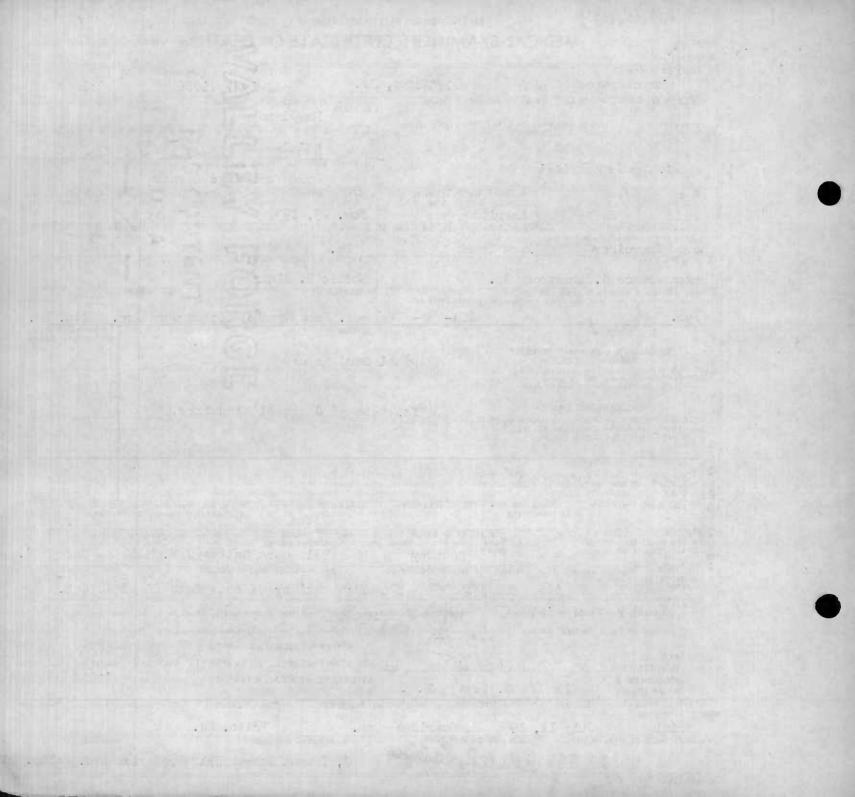
66 07041	BALTIMORE CITY	Y HEALTH DEPARTMENT		CO Denta
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No	66 07041
M.E. CASE NO. 1.NAME OF DECEASED		2. DATE AN	ND HOUR OF DEATH	
(Type or Print)	AALEH.			900 1
SUMMERFIELD STAM	DBUGER	4. USUAL RESIDENCE (Whe	are deceased lived. If institu	ution; residence before admissi
		A. STATE B. COUR	N IY	
FULL NAME OF (II not in hospital or institution, given address or facotion)	ve street	C. CITY OR TOWN (If ou	PLTIMPRE Cutside city limits, write RUR	77 ·
INSTITUTION				AL and give township)
UNION MEMORIAL HOSPI	TAI	D. STREET ADDRESS (III	rural, give location)	5-00
4				71711
7 44 400(57)	IFVER AAARDIED	B. DATE OF BIRTH	P. AGE (In years	Under 1 Yr. , If Under 24 H
	DIVORCED (specify)	1 1	last birthday)	f Under 1 Yr. If Under 24 Honths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF B	DWFR.	8/8/96	69	
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF B dane during most of working life event fretired)	BUSINESS OR INDUSTRY	111. BIRTHPLACE (State or fore	rign country)	2. CITIZEN OF WHAT COUNTRY?
RETIRED US GOUT. U.S.M.	DOINE HASI	& MARYLAND		03.
13. FATHER'S NAME	AK ING TIOST	14. MOTHER'S MAIDEN NA	ME	•
0				
CALVIN STAMBAUGH	6. SOCIAL	ELLA HAI	NES.	ADDRESS
(Yes, na ar unknown) (If yes, give wor or dates of service)	SECURITY NO.	INFORMANT		ADDKE33
YES? 10tem. W.	?	HAZEL COC	HRAN - BEL	AIR MD.
18. // 5	CAUSE	DF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		4		
LEADING TO DEATH	(A) Ru	prive of aldoni	not acrtic	3 h 30 m
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	merciam		
injury or camplication which caused death.)				
ANTECEDENT CAUSES	(B)		en que en de parte de la server ser se se sendicibiliste que en unit de de de de de se se desdicibiliste de distributiva de	
DISEASES OR CONDITIONS, if any, giving	501.10			1 7 3
rise to the above cause (A) slating the	(C)		~0000000000000000000000000000000000000	200 e man na 2010 a manusus muusus minusus muu 8 16 7 a m 7 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
UNDERLYING CONDITION lost.				
Z CONTRIBUTIONS				
O THE DEATH BUT NOT RELATED TO THE	NONE			
DISEASE OF CONDITION CAUSING IT.		ZOA. AUTOPSY? (Yes or N	o) 20B. IF YES, WERE FIN	DINGS CONSIDERED
WAS PERFORMED			IN CERTIFYING CAUSE	S OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION FOR WI WAS PERFORMED 121A. ACCIDENT WAS UNDERLYING 11 2/18, P	LACE OF INJURY (e.g.	in or about 21 C. WHERE DID affice bldg., INJURY OCCUR?	(If in Baltimare C	ity, give exact location)
OR CONTRIBUTING CAUSE OF	, larm, foctory, street,	office bldg., INJURY OCCUR?	• • • • • • • • • • • • • • • •	
PU		-		
U OF INJURY	INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
(APPROX.) While	e At Not Whi	le		f
22. I certify that (HT (this hospital) attended the		45/pm 7/8/66	19 10 900	7/8/60 19
that (1) (we) last saw the deceased alive on	7/8/66			on death occurred on the
				m decili accolted on the
ond hour and fram the couses stated above. (1)	(We) (did) (did not)	view the body after deoth.		O DATE CICHED
23A. SIGNATURE		andre — AA.4	the same of the sa	B. DATE SIGNED
Vhors Surger	M.D. Att	ys. Med. Director	Stoff Phys.	7/8/66
23C. PHYSICIAN'S DR. THOMAS BUR	ROWS	23D. ADDRESS UNION	MEMORIAL H	IOSPITAL
THOMAS BURROWS	M.D.		GSTONE DR.	BALTO 2128
	ME of CEMETERY of CE			tawn, ar caunty) (Stole
REMOVAL (Specify)				
Burial 7/11/66 Emor	V M E Chur	ah Com Ha	rford Co, Md	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAN	250 TUNERAL DIRECTO	R	ADDRESS
JUL 12 1966 Reset 8	= Jankey MA	Musten 6.	Donovan - 3	818 Robertan
/\$ 150-REV. 1/1/65				



A-652 BIRTH NO.
M.E. CASE

MEDICAL	EXAMINER'S	CERTIFICATE OF	DEATH Registered No
---------	------------	----------------	---------------------

M.E. CASE NO.							
1. NAME OF DECEASED Type of Prince GI	TV7	ARMSTRONG,	Tr		D HOUR PRONOUNC		/- 10 A
	JY				y 7, 1966		4:10 A
B. PLACE IN BALTIMORE, MARYLAND, WH	EKE PRONOU	NCED DEAD	A. STATE	Maryland	deceosed lived. If ins B. CO	UNTY	ce perore damissi
ULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCAT	OR INSTITU	TION, GIVE STREET	C. CITY OR		e carparate limits, writ	e RURAL and	give tawnship)
OSPITAL OR ADDRESS OR LOCAT	ION)			Baltimore	-	7	1-7
			D CYPEET	DATELINIOTE		-1-1	/
St. Agnes Hospital			D. STREET		ridge Avenu	P	
. SEX 6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF		9. AGE (In years		Yr. If Under 24 H
	WIDOWED, D	OVORCED(specify)			last birthdoys		ys Hours Mi
Male White OA. USUAL OCCUPATION (Give kind of work)	Marrie		1	23, 1936	29	12. CITIZEN	OF
ane during mast of working life, even if retired)				OL TOTAL BY TOTAL			COUNTRY?
Horse Exerciser	Race Tr	ack	Pa.	S MAIDEN NAM	•		
	~						
Rememberance G. Armstro		1/ 50 6141		E. Minor		222800 A	
es, na orunknown) (If yes, give war ar dotes		16. SO CIAL SECURITY NO.	17. INFORM	N. I		ADDRESS	21234
Yes.		281- 32- 3996	Rev. J	ack Morris	2605 Edgwo	od Ave.	Balto. Md
18.	X III		OF DEATH			IN	TERVAL BETWEE
DISEASE OR CONDITION DIR	ECTLY					"	NJET AND DEAT
LEADING TO DEATH			Cord I	njury			
(This does not mean the mode of heart lailure, asthenia, etc. It means injury as camplication which caused do	the disease.	DUE TO				100	
DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STAUNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTROL NOT RELABLE OF CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONF	CONTRIBUTING						
DISEASE OR CONDITION CAUSING		VHICH OPERATION	20 A. AUT	OPSY? (Yes or No)	20B, IF YES, WERE F	NDINGS CON	SIDERED
WAS PERF	DRMED			Yes	IN CERTIFYING CAU		
21A, EXTERNAL CAUSE WAS	21 B, F	LACE OF INJURY (e.g., farm, factory, street, c	in or about 21	C. WHERE DID	(If in Baltimare City, g	ive exact local	
UNDERLYING OR CONTRIB-	etc.)	Beltway	ince bidg., IN	altimore	Beltway, N.	Hollin	s Ferry R
21D TIME (Manth) (Day) (Year)	(Hour) 21	E INJURY OCCURRED		F. HOW DID INJU			
OF INJURY (APPROX.) 7 7 66					auto into	fixed o	bject.
22. I certify that I held on In	quiry 🗌	Inspection Aut	opsy	ond that on thi	is bosis, deoth in	my opinian	
resulted from: Natural cou		ccident X Suicid			Indetermined monn		
10001100 1101111 110101 11010		301610		F MEDICAL EX			
ACTUAL ()/	0. 1	1		T MEDICAL EX			DATE SIGNED
SIGNATURE LO	elli	M.D.				7	/7/66
EXAMINER'S NAME (Type) Charl	es S. P	etty, M.D.	ASSUCIAI	E MEDICAL EX	AMINER		
A. BURIAL CREMATION, 23B. DATE	230	NAME of CEMETERY o	CREMATOR	Y 23 D. L	OCATION (City	, town, or cau	nty) (State)
Burial July 11,		9	Cem.		lto. Md.		
4A. DATE REC'D BY HEALTH DEPT,		OF REGISTRAR	24C. FL	NERAL DIRECTOR		ADI	DRESS
305	Robert	2. Farley	G, !	Truman Sch	wab 3512 Fre	derick A	Ave. Balto
S 151-REV. 1/1/65	22		W SW F		Male Control		



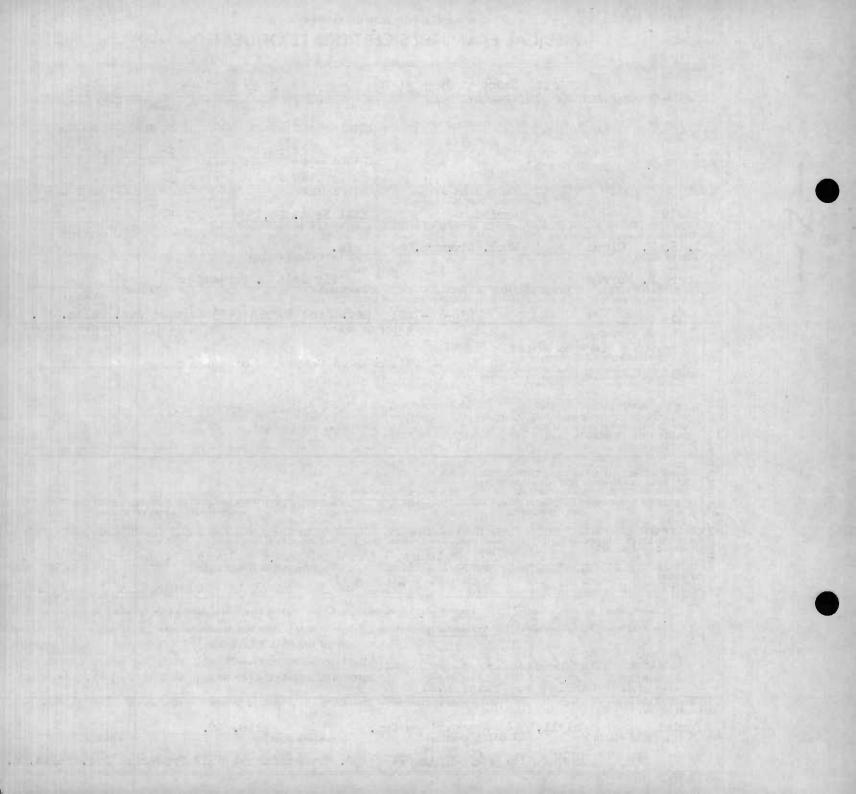
66 07043

66 07043

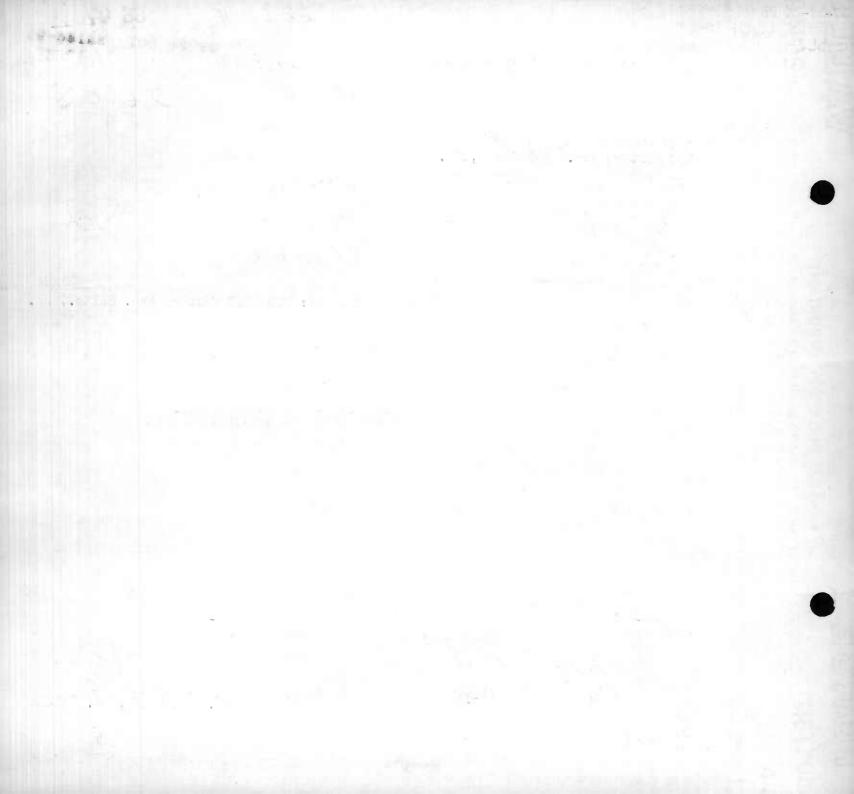
BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD ETHLEEN Grace ARMSTRONG 4:08 A July 7, 1966 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) INSTITUTION Baltimore D. STREET ADDRESS (If rurol, give location St. Agnes Hospital 4920 Penbridge Avenue 9. AGE (In years lost birthdoy) 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. WIDO WED, DIVORCED (specify) Months Doys Hours Min. Female White Married XXXX Sept. 24,1939 IDA. USUAL OCCUPATION (Give kind of work) 08. KIND OF BUSINESS OR INDUSTRY)]. BIRTHPLACE (Stote or foreign country) 2. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? I. B. M. Clerk Whol. Grocers. Pa. 4. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Harry E. Morris Virginia E. Carpenter 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO CIAL ADDRESS (Yes, no or unknown), (If yes, give wor or dotes of service) SECURITY NO. 21234 Rev. Jack Morris 2605 Edgwood Ave. Balto. Md. 216-36-7401 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Spinal Cord Compression (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECENDENT CAUSES (B) Fracture of Cervical Vertebrae. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CATION 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CERTIF DISEASE OR CONDITION CAUSING IT. 9A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? No MEDICAL 21A, EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg., INJURY OCCUR? UTING CAUSE OF DEATH. Beltway Baltimore Beltway, N. Hollins Ferry Rd. 21 E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? 21 D TIME (Doy) (Month) (Yeor) (Hourl OF INJURY NOT WHILE X 66 Passenger in auto into fixed object. Inspection X certify that I held an Inquiry Autopsy and that on this basis, death in my opinian Accident X Sulcide Hamicide Undetermined monner resulted fram: Notural causes CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE ASSOCIATE MEDICAL EXAMINER 7/7/66 EXAMINER'S Charles S. Petty, M.D. NAME (Type) 23A. BURIAL CREMATION. 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Meadowridge Cem. Burial July11,1966 Balto. Md. 24C. FUNERAL DIRECTOR 24B, NAME OF REGISTRAR ADDRESS

VS 151-REV. 1/1/65

G. Truman Schwab 3512 Frederick Rve. Balto.Md.



VS 150-REV. 1/1/65



IMPORTAN

FUNERAL DIRECTOR:

. Jours

and the second

i

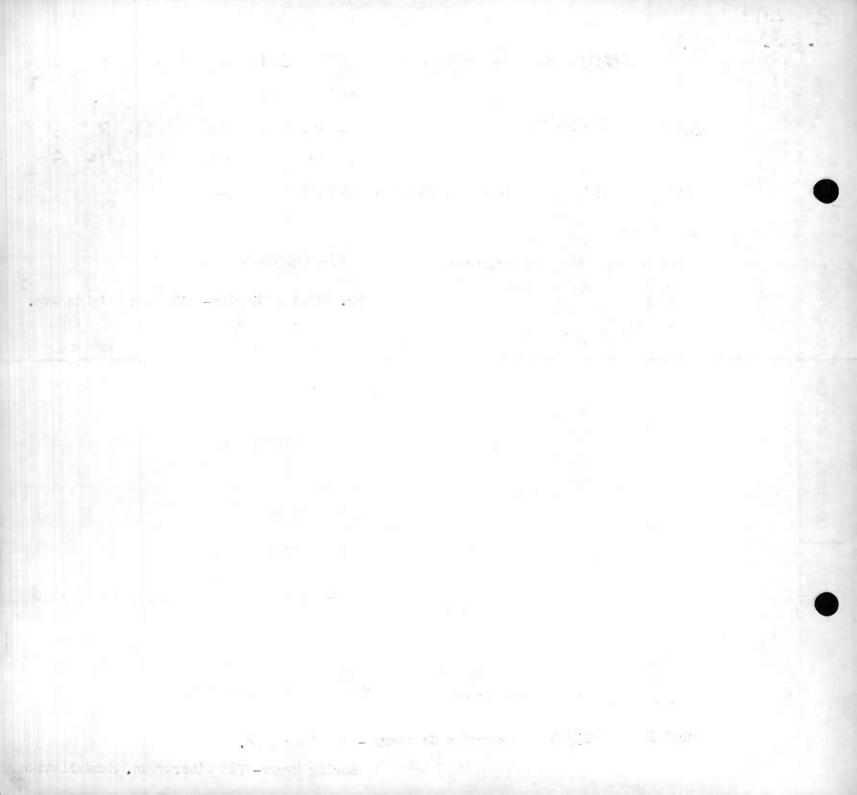
, 1

1

)

I I.

	RTH NO. LE CASE NO. CERTIFICA	TE OF DEATH Registered No. 66 07046
S T S	NAME OF DECEASED ype or Print) S'teven 21E9/ER	2. DATE AND HOUR OF DEATH Swy 10 1966 12:15 AM.
occurred in a hospital antributing cause of a rmined cause; (5) Dece egular attendance or ased prior to death.	FULL NAME OF (II not in hospital or institution, give street oddress or location) SINAI HOSPITAL SINAI HOSPITAL	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY Md. B. ALTIMORE C. CITY OR TOWN (If outside city limits, write RURAL and give lownship) BALTIMORE C. TY D. STREET ADDRESS (If rural, give location) S447 PARK Heights Ave
regularies mad	one during most of working life, even it retired)	B. DATE OF BIRTH 9. AGE (In years lif Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min. 11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? Raltunce Md 12, CITIZEN OF WHAT COUNTRY?
h **	Student FATHERS NAME William H. Ziegler	Velma
0 15	. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of service) No	Mr. William Ziegler-5447 Park Heights Ave.
remains are embalmed or	injury or complication which coused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.	erwhelming Bilat. Preumonitis 36hs add RA Blegia 13yrs.
re the re	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
before	D 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., ir home, lorm, foctory, street, of DEATH (notify medical examined)	on obout 21C. WHERE DID (If in Boltimore City, give exact locotion) ice bldg., INJURY OCCUR?
MEDIC	21D. TIME (Month) (Dov) (Year) (Hour) 21E. INJURY OCCURRED	21F, HOW DID INJURY OCCUR?
proval must be obt	22. I certify that (I) (this hospital) attended the deceased fram N.w. that (I) (we) last saw the deceased alive an July (O and haur and fram the causes stated abave. (I) (We) (did) (did nat) v 23A. SIGNATURE **NO. Atta.** 23C. PHYSICIAN'S NAME (Type) Llov D I. KRA MER M.D.	iew the bady after death. Amount
24 25 25 25 25 25 25 25 25 25 25 25 25 25	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRE Burrial 7/13/66 Lorraine Cemetery	
25	FALL 19 1968 (Lorraine Cometer 19 1968 (Lors E Labor)	- Baltimore Md. 25C. FUNERAL DIRECTOR Loring Byers-8728 Liberty Rd. Randallstown



248, NAME OF REGISTRAR

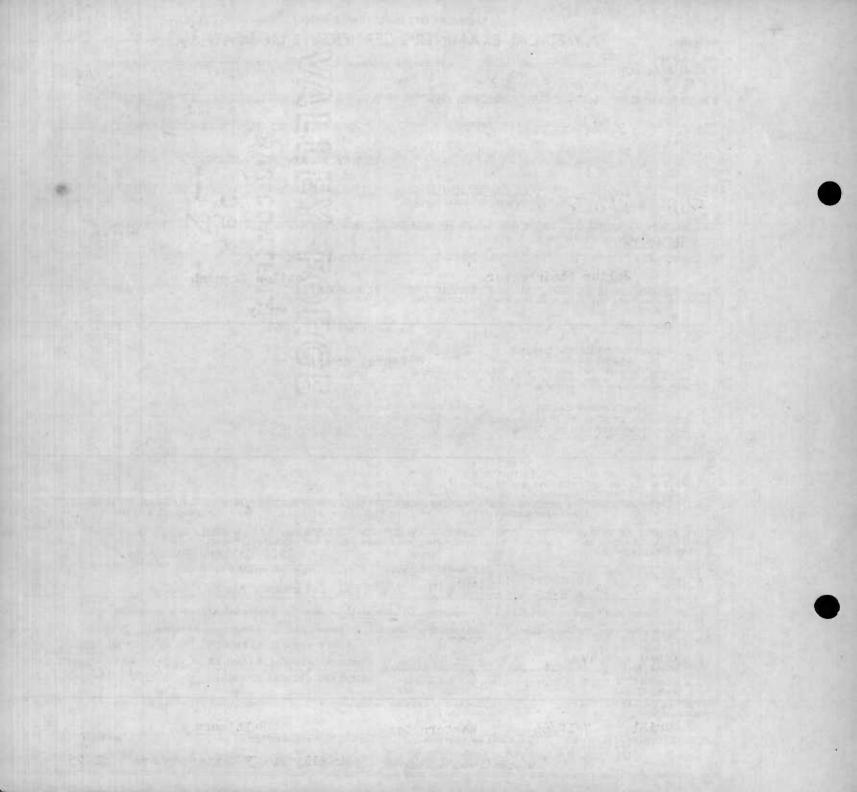
VS 151-REV. 1/1/65

24C. FUNERAL DIRECTOR

ADDRESS

the state of the state graph and common

00 07040	BALTIMORE CITY HEAL	TH DEPARTMENT	6	5 07048		
BIRTH NO. MEDICA	AL EXAMINER'S CE	RTIFICATE OF D	EATH Registered No.			
M.E. CASE NO.						
1. NAME OF DECEASED (Type or Print) CHARLO	TTE OCHS	2. DATE AND	HOUR PRONOUNCED DEAL	715 PM		
3. PLACE IN BALTIMORE, MARYLAND, WHERE		A. STATE	B. COUNTY	esidence before odmission		
HOSPITAL OR ADDRESS OR LOCATION	10	C. CITY OR TOWN (II offide	corporate limits, write RURAL	ond give township)		
o st. Agnes	Hoghioc	32-18 Hole	ive locotion) Ferry	RA,		
Fem. White win	AARRIED, NEVER MARRIED DOWED, DIVORCED(specify)	B. DATE OF BIRTH	lost Month	der 1 Yr. If Under 24 Hrs s Doys Hours Min.		
done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country) 12. CIT WH	TIZEN OF TAT COUNTRY?		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		0.631		
Julius Steinba		Matilda Janusch				
15. WAS DECEASED EVER IN U.S. ARMED FOR (Yes, no or unknown) (If yes, give wor or dotes of		17. INFORMANT Family	ADDRE	:55		
118.	CAUSE	OF DEATH		INTERVAL BETWEEN		
2 400101				ONSET AND DEATH		
DISEASE OR CONDITION DIRECT	rLY					
LEADING TO DEATH (This does not mean the mode of dying	(A) Cerebr	al concussion				
heart failure, asthenia, etc. It means the injury or complication which caused death.	diseose,					
Injuly of complication which coosed dealing	•	CONTRACTOR OF THE PARTY OF THE				
ANTECENDENT CAUSES	(0)					
DISEASES OR CONDITIONS, IF ANY,	GIVING DUE TO					
RISE TO THE ABOVE CAUSE (A) STATIN	NG THE					
Z	(C)					
은						
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM		20A. AUTOPSY? (Yes or No) 2	OB, IF YES, WERE FINDINGS N CERTIFYING CAUSES OF			
✓ 21A, EXTERNAL CAUSE WAS UNDERLYING TO R CONTRIB- UTING CAUSE OF DEATH.	home, form, foctory, street, o			0.1-		
	home		ollins Ferry Rd	• = = = =		
OF INJURY Detween	8:15 m. WALE AT NOT WORK	21F. HOW DID INJUR				
22. I certify that I held on Inqui		The state of the s	basis, deoth in my opin	ion		
resulted from: Notural couses			determined manner			
Todation Hollin Hotoror Couses	331610	CHIEF MEDICAL EXA				
ACTUAL MORE	, (,)			DATE SIGNED		
SIGNATURE DEVICES	n. 5m (M.D.	ASSISTANT MEDICAL EXA	MINER A 7 1	111		
EXAMINER'S WERNE	R U. SPITZ, M.D.	ASSOCIATE MEDICAL EXA	AMINER	106		
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	23C. NAME of CEMETERY o	CREMATORY 23D. LO	CATION (City, town, o			
Burial 7/12/66	Western Cem	Bal	timore	Md		
24A. DATE REC'D BY HEALTH DEPT. 24	B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR		ADDRESS		
JUL 12 1966 R	Sub E. Farkupa	McCully FH 23	7 Patapsco Ave	21.225		
VS 151-REV. 1/1/65						



IMPORTANT

DIRECTOR:

FUNERA

VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

10. AM

ADDRESS

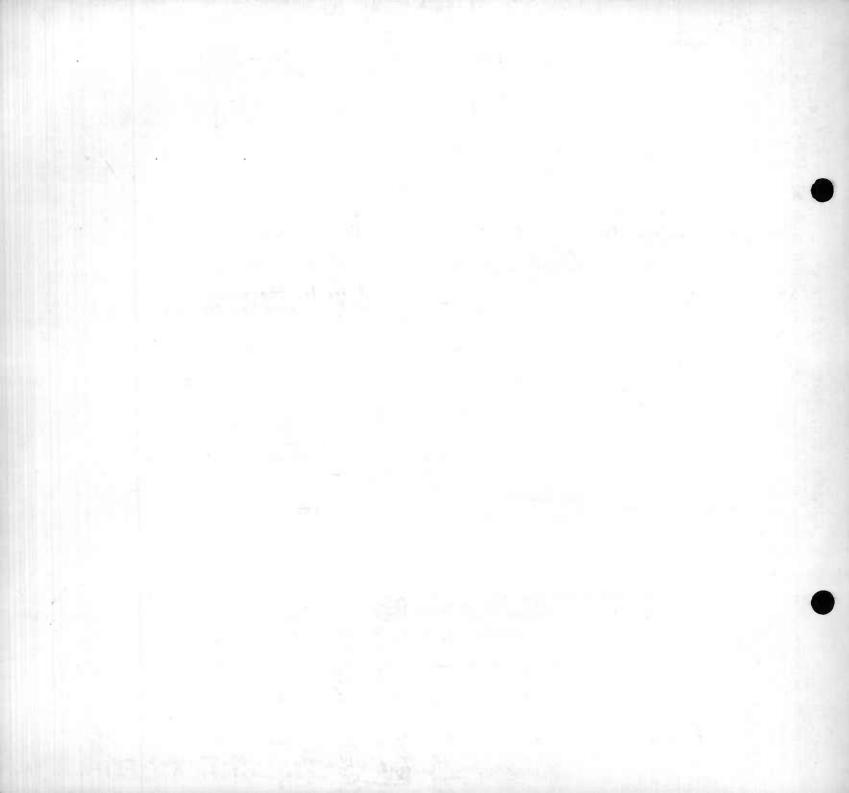
INTERVAL BETWEEN

ONSET AND DEATH

ADDRESS

Il Under 24 Hrs.

2,1202



IMPORTANI

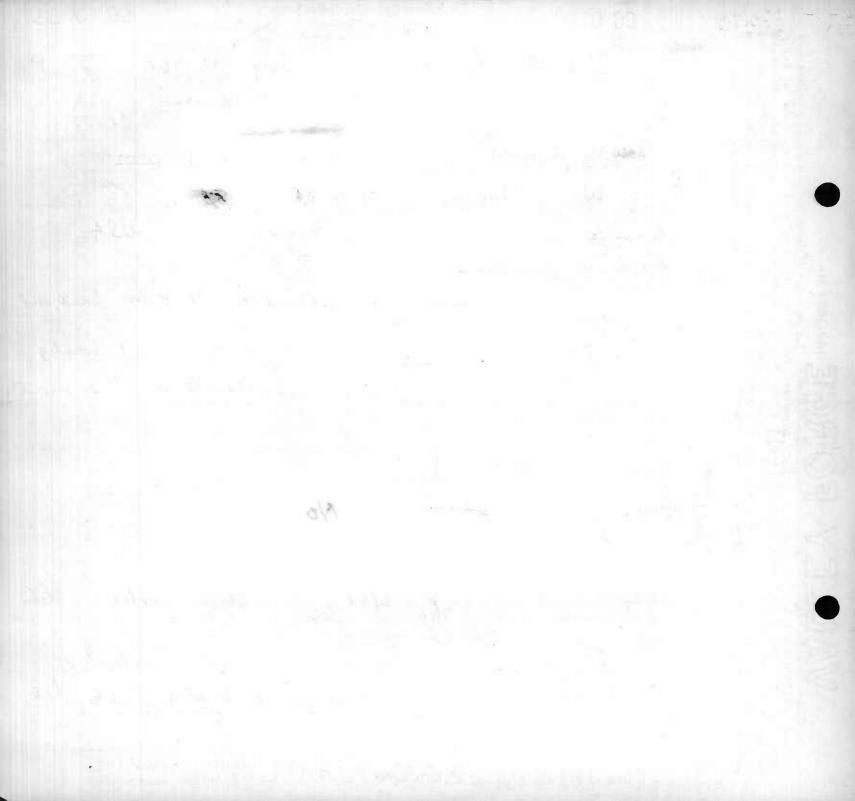
DIRECTOR:

- TARE 64 1505 E. Homarat Lave SALTIMORE GITY HOSPITALS 4-29-89 79 GBWEG VS GURALINETA LIGHER INSPECTER STATE DEFIT 64084 HOUSEY HUNGERE A STERNAL CONTRACTOR AND ASSESSMENT OF THE PARTY OF THE P Sen No 1150--342M

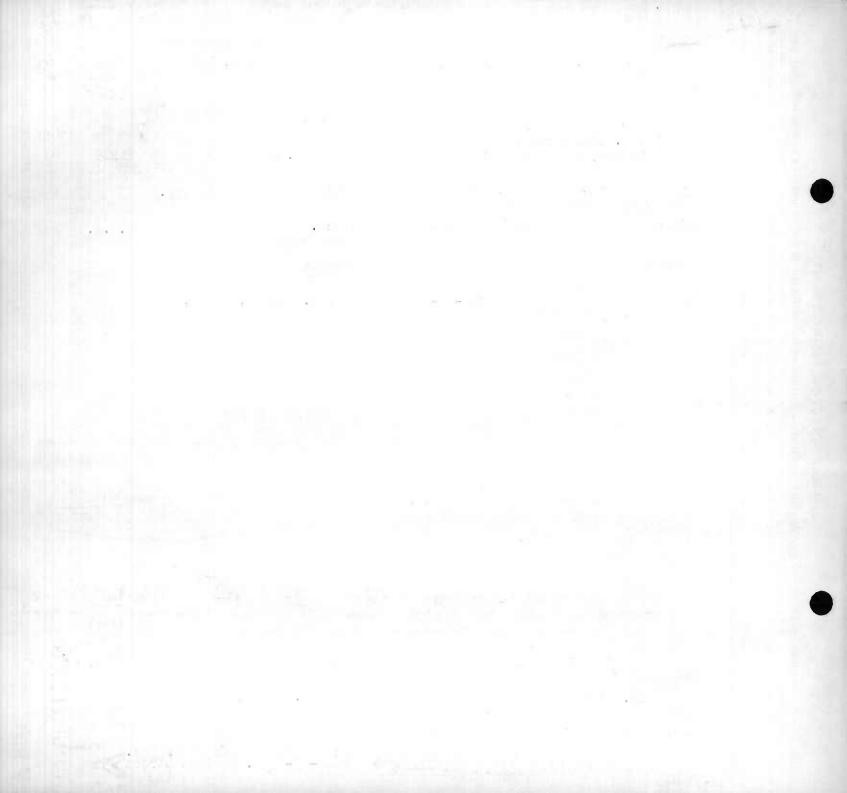
. We give the control to a state of the control of

MRTH NO.	66 U	7051			TE OF DEATH		66 07051
M.E. CASE N	10,		CI	EKTIFICA	TE OF DEATH	AND HOUR OF DEATH	
Type or Print							* *
PLACE OF	DEATH IN BALTIM		D. WILL	JEY	4. USUAL RESIDENCE	where deceased lived. If	2:30 P
FULL NA	45.05 //6 :-	hospital or institut				Baltimore	
HO SPITAL	OR oddress	or location)	ion, give street		C. CITY OR TOWN (I		RURAL and give township)
1		City Hos	pital		Essex (()f rutol, give location)	58-00
					118 Alcock	Road	
• SEX	6. RACE		WED, DIVOR		B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months: Doys Hours Mir
Male	White		arried		April 17, 189		
	ost of working life, even		OF BUSINES	S OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
tatist		Air	eraft Co		Virginia		USA
3. FATHER'S	NAME				14. MOTHER'S MAIDEN	NAME	
		B. Willey			Lucy H	ayden	
es, no or unk	nown) (If yes, give w	Armed Forces? or or dotes of servi	1 6. SOCI	AL IRITY NO.	17. INFORMANT		ADDRESS
No				7-1225	Jessie Wille	y Same	
1B. 11	20,11	,1	DEC 2	CAUSE O			INTERVAL BETWEEN
DI	SEASE OR CONDIT		176	N N	ute Myocan	1:1 T.C	ONSET AND DEATH
(This de	LEADING TO		ر الله	AC AC	vie rigocon	0151 WW18KC	Mary Just
heart foi	lure, osthenio, etc.	It means the dise	350		CUD		
	ANTECEDENT		APF	(AB)	K CVD		heard
DISEASE	S OR CONDITIO	(-	DUE TO			
rise lo	the above cou	se (A) stoling	The 9	d(C)			
UNDERL	YING CONDITION	losi.	3 5 5	12			
E TO TH	SIGN)F)CANT CONDI	OT RELATED TO	THE W	3			
J 19A. DAT		198. CONDITION F	OR WHICH O	PENATION	20A. AUTOPSY? (Y	Nol 208. IF YES, WERE	FINDINGS CONSIDERED
		WAS PERFORMED			Ma	IN CERTIFYING CA	AUSES OF DEATH?
OR CON	CIDENT WAS UNDER	E OF	home, form, f	F INJURY (e.g., in factory, street, of	n or obout 21C. WHERE DI	(If in Boltimo	re City, give exoct locotion)
ו	notify medical examin		etc.)	35.4			
OF INJU	RY) (Year) (Hour)	While At	OCCURRED Not While		INJURY OCCUR?	
(APPROX)		Work	At Work			
22. I ce	rtify that (1) (this	hos pital) attend	ed the decea	sed fram		19ta	July 9 1966
that (1)	(me) tast saw the	deceased alive	on	· · · · · · · · · · · · · · · · · · ·	19and	that in (my) (our) ap	inian death accurred an the
and hav	r and fram the cau	ises stated abov	e. (I) (We) (d	id) (did nat) v	iew the bady after dea	th.	
23A. SIGN	ATURE 0	0					23B. DATE SIGNED
1	Trank Sy	sally III		M.D. Atte	mding Med.	Stoff Phys.	7/10/66
23C. HY	SICIAN'S AE (Type)	when The			23D. ADDRESS	St. Balt a	ma
						1,000	
4A. BURIAL	CREMATION, 24B.	DATE 24	C. NAME of C	EMETERY or CRE	MATORY 241	LOCATION (C	
REMOV	AL (Specify)			EMETERY or CRE			City, town, or county) (Stat
Remov	val 7/	10/66	Jones F	uneral H	ome ¬	Fairmont, W:	City, town, or county) (Stot
Remov	Val 7/	10/66	Jones F	uneral H		Fairmont, W:	City, town, or county) (Stat

A STATE OF THE STA So Sel William column of early the Shalland Vinitale valuation Vinitale William C. Giller Alle State Colored States in any to lite and Service vices According Management of the Management of the Color of t and restain the best trees with an interest, and are the



00	NMUEO		BALTIMORE CITY	HEALTH DEPARTME		ee promo
DIKIH NO.	07053		CERTIFICA	TE OF DEA	TH Registered No	66 07053
M.E. CASE NO.				2. D	ATE AND HOUR OF DEATH	1
(Type or Print) DORT	HAL, JARO	SLAY (JERR	y)		July 8, 1966	1 6p A
PLACE OF DEATH IN	BALTIMORE, MA		-/		E (Where deceased lived, It	institution: residence before admission
					COUNTY	100
	f not in hospital address or location	or institution, give str	eet	Maryland		6-01
INSTITUTION	agress of recent				(If outside city limits, write	KUKAL and give township)
7 21.7 F	27th Stre	20+		Bal timor	(If rural, give tocation)	
					Jefferson Stre	n+ 23 200
	e, Maryla			-		
	ite	7. MARRIED, NEVEL WIDOWED, DIVE Widowed	ORCED (specify)	3/21/86	9. AGE (In years tost birthday) 80 yrs	
6A, USUAL OCCUPATION one during most of working li		108. KIND OF BUSIN	IESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Tailor	re, even il renred)	Louis Carl	etti	Czech.		U.S.A.
3. FATHER'S NAME				14. MOTHER'S MAID	EN NAME	U.D.A.
Unknown				Unknown		4.00000
S. Was Deceased Ever in es. no or unknown) (It yes,	U. S. Armed Forgive wor or dote	s of service) 16. SC	CIAL CURITY NO.	17. INFORMANT		ADDRESS
no			07-4844A	Anna J. Ce	ermak, neice, a	bove
1B.	71		CAUSE O			INTERVAL BETWEEN
DISEASE OR O	ONDITION DIE	ECTLY		10 -1	N/C 1-1	ONSET AND DEATH
	G TO DEATH			mientin	e Hoirl de	hug 3
(This does not mea			DUE TO	1		
heart failure, astheni				(1)1	The word	
	DENT CAUSES		(B)	Caemi	ay Summen	
			DUE TO	()()		
rise to the above			(C)	(ma	onla	
UNDERLYING CON		•			7	
	11			(N)	B-17:	
OTHER SIGNIFICANT				Cloude	Jasiua	
DISEASE OR CONDIT	TON CAUSING I				2	
19A. DATE OF OPERA	TION 19B. CON	DITION FOR WHICH	OPERATION	20 A. AUTOPSY? (Ye	NO POB. IF YES, WER	E FINDINGS CONSIDERED
	W/43 1 Lin		-			
OR CONTRIBUTING DEATH (notity medicol	CAUSE OF	21 B. PLAC home, tarm	E OF INJURY (e.g., in, foctory, street, o	n or obout 21C. WHERE INJURY OC	CUR?	ore City, give exact tocation)
	(Doy) (Year)	(Hour) 21E, INJU	RY OCCURRED	21 F. HOW E	OID INJURY OCCUR?	
OF INJURY		While At	Nat Whi			
(APPROX)		Work	At Work		15	V 0 7 /1
22. I certify that (1) (this haspital) attended the dec	eased fram	NOUT 10	190 to	July 0 19 0x
that (I) (we) last so	w the decease	d alive an	July	5 19 60	and that in (my) Lour La	pinion-death accurred an the do
and haur and from	he causes stat	red abave. (I) (We)	(did) (didemen)	riew the bady after		
23A. SIGNATURE) ,	2/1		A		28 B. DATE SIGNED
	11-6	6 (1)		ending Med.	Stoff	Augusto-K
23C. PHYSICIAN'S	V	- dest	Phy	23D. ADDRESS	Phys.	1/19
NAME (Type)					A - 7 - 41 A	
	illiam Ge	eyer	M.D.	156 N. I	dildon Avenue	
4A. BURIAL CREMATION REMOVAL (Specify)	1, 24B. DATE	24C. NAME o	CEMETERY OF CR	EMATORY	24D. LOCATION	City, town, or county) (State)
Burial	7/11/6	66 Meadow	ridge Ceme	t.em	Maryland	
SA. DATE REC'D BY HEA		25B. NAME OF REG			KiffSheral Home,	The ADDRESS
	12 1966		. Farley M.	2601-03-0	5 E. Madison S	



ATE OF DEATH Registered No.	
ATE OF DEATH Registered No. D	6 47054
2. DATE AND HOUR OF DEATH	
	2:0JA,
Maryland	103
	RAL and give tawnship)
Ballemore	
D. STREET ADDRESS (If rurol, give location)	14 15/
130/Windowere fore	# 1Y
B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr Months Days Hours Min.
1.23-19 41	
RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	USA.
14. MOTHER'S MAIDEN NAME	
Pauline d'imitri	
	ADDRESS
Phart	
•	ONSET AND DEATH
Muca de la un las chem	7 20.10
programme and	Lacy
Acute	
1- 10 01 t.	
etts quellus	
20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIT	
IN CERTIFYING CAUS	ES OF DEATH?
IN CERTIFYING CAUS	
in or obout 21 C. WHERE DID affice bldg., INJURY OCCUR?	ES OF DEATH?
in or obout 21 C. WHERE DID (If in Boltimore office bldg., INJURY OCCUR?	ES OF DEATH?
IN CERTIFYING CAUSE, in or obout 21C. WHERE DID (If in Boltimore office bidg., INJURY OCCUR?) 21F. HOW DID INJURY OCCUR?	ES OF DEATH?
IN CERTIFYING CAUSE, in or obout 21C. WHERE DID (If in Boltimore office bidg., INJURY OCCUR?) 21F. HOW DID INJURY OCCUR?	ES OF DEATH?
in or obout 21C. WHERE DID affice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	City, give exect locotion)
IN CERTIFYING CAU: In, in or obout 21C. WHERE DID (If in Boltimore office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? (hile	City, give exect locotion)
IN CERTIFYING CAU: In or about 21C. WHERE DID (If in Boltimore of Street of	City, give exect locotion) 19 6
IN CERTIFYING CAU: In or about 21C. WHERE DID (If in Boltimore office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? (hile 19 6 to	City, give exect locotion) 2 19 6 on deoth occurred an the d
IN CERTIFYING CAU: In or obout 21C. WHERE DID affice bldg., INJURY OCCUR? (If in Boltimore bldg., Injury occur?) (If in Boltimore bldg., Injury occur? (If in Boltimore bldg., Injury occur?)	City, give exoct locotion) 19 on deoth occurred an the decisions
IN CERTIFYING CAU: In, in or obout 21C. WHERE DID (If in Boltimore office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? (hile	City, give exoct locotion) 2 19 9 on death occurred an the decays, DATE SIGNED
IN CERTIFYING CAU: In or obout 21C. WHERE DID affice bldg., INJURY OCCUR? (If in Boltimore bldg., Injury occur?) (If in Boltimore bldg., Injury occur? (If in Boltimore bldg., Injury occur?)	City, give exoct locotion) 2 19 9 on death occurred an the decays, DATE SIGNED
IN CERTIFYING CAU: In, in or obout 21C. WHERE DID (If in Boltimore office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19	Oity, give exoct locotion) On death occurred an the death occurred an the death occurred and the death occurred a
IN CERTIFYING CAU: In or about 21C. WHERE DID (If in Boltimore office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? Thile 19 6 to 19 6 to 19 opinion of the tin (my) (our) opinion	on deoth occurred an the de Tolonian
IN CERTIFYING CAUSE, in or obout 21C. WHERE DID (If in Boltimore office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19	City, give exoct locotion) TO 19 Cecon on death occurred an the death occurred and the dea
IN CERTIFYING CAU: In or about 21C. WHERE DID (If in Boltimore office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? Thile 19 6 to 19 6 to 19 opinion of the tin (my) (our) opinion	City, give exoct locotion) 2 10 19 69 on deoth occurred an the de 23B. DATE SIGNED 7-10-109 town, or county) (Stote)
	2. DATE AND HOUR OF DEATH 7-10-6 4. USUAL RESIDENCE (Where deceased lived, if insti- A. STATE B. COUNTY C. CITY OR TOWN (If, outside city limits, write RU Pallumore D. STREET ADDRESS (If rurol, give location) 3 0 Windower & & & & & & & & & & & & & & & & & & &

Bullmore Charles from & Horg 1301 Windows Brs greek by prairies Parline Dome To Lucas Fancarye Chart Mysioned water them 2 day Dealest Mulletin Clevel from of trap BA A.E. SURONG. D

the state of the s Janes Francisco Sutingen cary hospithes I'll & Content St. C . W . A 62 28.20 Greek words . 1.47 Cocenya 213-10 9772 andrews allow are should The and the same of the same Old Engineered africt James Treezy 6162 E Para ST.

IMPORTANT

FUNERAL DIRECTOR:

	O MADEO	BALTIMORE CITY	HEALTH DEPARTMENT		66 07056
	6 07056	CERTIFICA	TE OF DEATH	Registered Na	33 07 000
A.E. CASE NO.		1 111		D HOUR OF DEATH	
Type or Print)	therive !	-HINRING	0 7-	-8-66	18:20 P
PLACE OF DEATH IN BA	ALTIMORE, MARYLAND	J	A. USUAL RESIDENCE (Whe		titution: residence before odmiss
FULL NAME OF (IF	not in hospital or instituti	on, give street	MAPALL	1410	4-01
	dress or location)	on, give sheet	C. CITY OR TOWN (III ou	tside city limits, write R	VRAL and give township)
.0/1	1 11-	0:401	134/4/n	000	
Werd	y 1705	p.tal	D. STREET ADDRESS (If	rurol, give tocotion)	,
			CAlvert 1	Pleasant	Sts.
SEX 6. RACE		trept privates takenti.	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours Mi
F		NG /R O OF JUSINESS OR INDUSTRY	1-31-1888	78	
one during most of working life	, even if retired)		11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
Maid-Guest			Baltimo	Re	
FATHER'S NAME	MERCY I	POSPITAL	14. MOTHER'S MAIDEN NA	ME	
	UNKNOWN		UNKNOWN	V	
es, no or unknown) (If yes, g	. S. Armed Forces? ive wor or dotes of serving	1 6. SOCIAL SECURITY NO.	17. INFORMANT	DOM W	ADDRESS
			R.M. THOMAS,	RSM. MERC	Y HOSPITAL
18. // 30 /	1	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CO	ONDITION DIRECTLY		. , +	, ;	ONSET AND DEATH
	TO DEATH	(A) My	ocardial for	HARCTION	
(this does not mean heart failure, osthenio,	the mode of dying, etc. It means the dise	e.g., DUE TO			
injury or complication	which caused deoth.)	Col	alapu data	211) 50,00	
ANTECED	ENT CAUSES	DUE TO	OCARDIAL IN	cy Pisers	
	DITIONS, if any, give couse (A) stating		Ralized Aut		
UNDERLYING CONDI		1000270	KALIKEC /TKIK	CCOSCIE ISE SY	9
	11				
	CONDITIONS CONTRIBU				
	ON CAUSING IT.		I20 A ALLEGRAVA (V No.	N 200 IS NES MISSE	NICH CONTRACTO
19A. DATE OF OPERATION	198. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	INDINGS CONSIDERED ISES OF DEATH?
21 A. ACCIDENT WAS I	JNDERLYING -	21 B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Bottimore	City, give exoct locotion)
OR CONTRIBUTING C	CAUSE OF	home, form, foctory, street, o	flice bldg., INJURY OCCUR?		,,,
2		21E, INJURY OCCURRED	21F. HOW DID INJ	Hey Occile?	
OF INJURY	(20)	While At Not Whi		OK! OCCOR!	
(APPROX.)		Work At Work			
22. I certify that (I) (this hospital) attende	ed the deceased fram	2-16	19 .66.ta	7-8 196
that (I) (we) last saw	the deceased alive	on 7-8	19 6 and th	at in (my) (aur) apin	ian death accurred an the
and have and from the	e causes stated abav	e. (1) (We) (did) (did nat)	riew the bady after death.		
23A. SIGNATURE	11 0	1	1 1 1 9 9 1		23B, DATE SIGNED
1 1 m	1. 13.1	M.D. Att	ending Med.	Stoff Phys.	7-8-66
23C. PHYSICIAN'S	n o ama	au .	23D. ADDRESS	1	, ,
NAME (Type)	11.1300	ohn m M.D.	1110000 11	a 4/	Bot us
4A. BURIAL CREMATION,	24B, DATE 240	C. NAME OF CEMETERY OF CR		OCATION (C)	y, town, or county) (Sto
REMOVAL (Specify)			0		
BURIAL 5A. DATE REC'D BY HEAL	7/11/66	NEW CATHED F	LAL STATE OF THE S	BALTIMORE	MD . ADDRESS
DAIL REC D BI MEAL	ZJB. NA	NE OF REGISTRAR	H W MEARS	SON 805	N. CAL VERT ST
					~ ~ ~
'S 150-REV. 1/1/65					

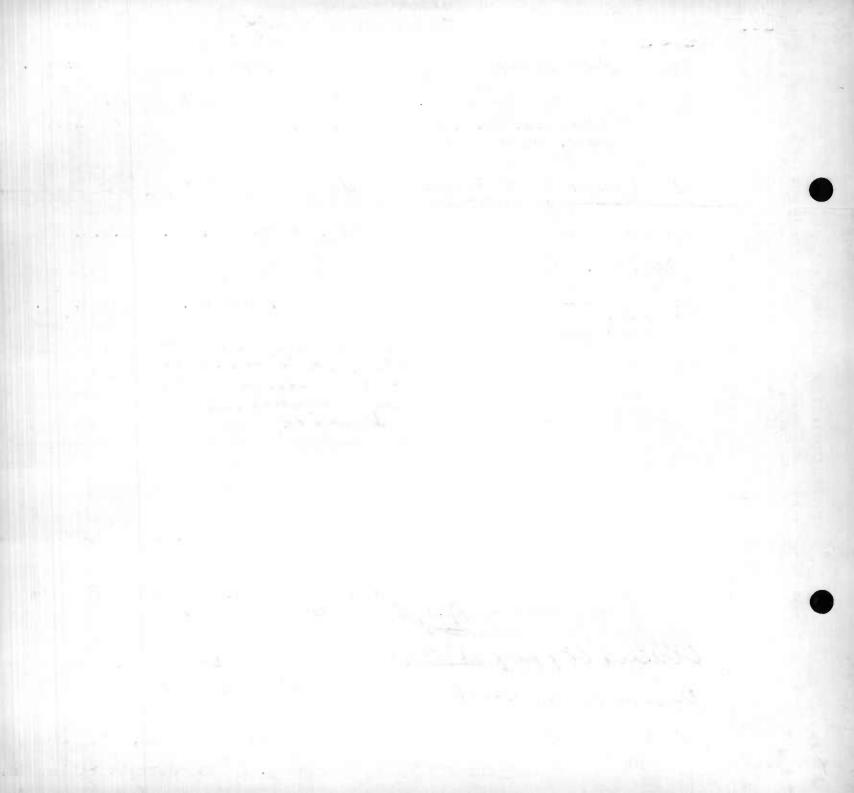
. . . The state of the

IMPORTAN

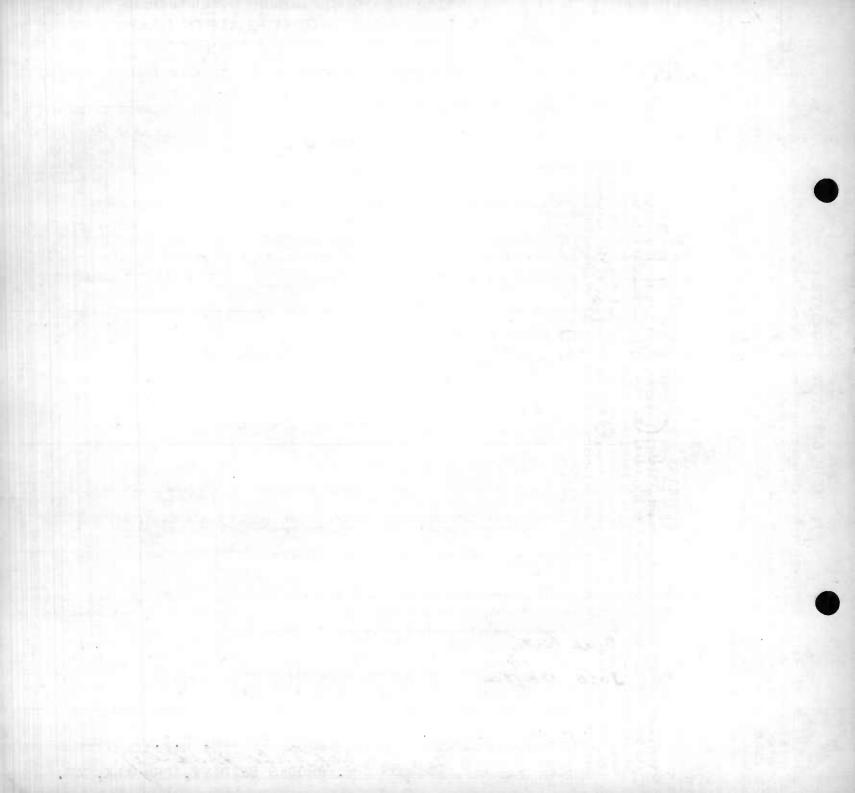
FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



BRIDHERE CETY HOSPITALS 610 5 POWN & ST. 15 00 9-4 00 GE CHY. and my (1484) 0.7 F. Carsy 6162 E PRATE SO SHITE 150 m 150 m 150 m



VS 151-REV. 1/1/65

66 07060 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD Glenn E. LAIL 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where decoosed lived. If institution: residence before odnission)
A. STATE
B. COUNTY Mary tank FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (If outside corperate limits, write RURAL and give township) urat D. STREET ADDRESS (If rural, give Rolle MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours If Under 1 Yr, If Under 24 Hrs. WIDO WED, DIVORCED (specify) Months | Doys | Hours | Min. 10A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTR 12. CITIZEN OF dono during most of working life, even if retired) WHAT COUNTRY? 4. MOTHER'S MAIDEN NAME Nen 15. WAS DECEASED EVER IN U.S. ARMED FORCES ADDRESS 16. SOCIAL (Yes, no or unknown), (If yos, give wor or dates of sorvice) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., hoort failute, asthonia, etc. It means the disease, injury or complication which coused death.) canto vascular ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yos or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 218. PLACE OF INJURY (o.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) lote.)

NJURY OCCUR? MEDICAL 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21 D TIME 21 F. HOW DID INJURY OCCUR? (Month) (Doy) (Yoor) (Hour) 21 E. INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT WHILE 22. Autopsy X I certify that I held on Inquiry Inspection ond that on this basis, death in my opinion resulted from: Notural couses Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE ASSOCIATE MEDICAL EXAMINER EXAMINER'S NAME (Type) 23A. BURIAL CREMATION. 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (Stote) (City, town, or county) REMOVAL (Specify) 4A. DATE REC'D BY HEALTH DEPT. 248 NAME OF REGISTRAR 24C. FUNERAL DIRECTOR

The state of the s Throng Combo and Year Holory will

BIRTH NO.		171704	BALTIMORE CIT			
+	3982 \$87502	7061	CERTIFICA	ATE OF DEATH	Registered No	. 66 07061
I. NAME OF DECEAS	ED		0	2. DATE	AND HOUR OF DEATH	1
Type ar Print)	BABY CAL	REVIS	usan Mari	1) 7-	10-66	1250 Am.
PLACE OF DEATH	IN BALTIMORE, MA	RYLAND	03000	1 4 USUAL RESIDENCE (WI	ere deceased lived. If	institution; residence before odmission
				A. STATE B. COU	A A	22-06
FULL NAME OF	(If not in hospital a address or location		give street	C CITY OF TOWN	utside city limits write	RURAL and give township)
INSTITUTION				1 1 1	MOPE	ROKAL dila give lowiship?
4					f rurol, give location)	
BON	SECOUR	HOSPIT	AZ	159 6	14/1	0 N ST.
	RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H
FEMALE	WHITE	WIDOWED), DIVORCED (specify)	7-8-66	lost birthdoyl	Months Days Hours Min
		108 KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF
one during most of work					,	WHAT COUNTRY?
FATHER'S NAME				14. MOTHER'S MAIDEN N.		
WILLIA	M BELT			CARME	TA CARE	У
. Was Deceased Eve	yes, give wor or dote	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
STATE OF CHANGE WITH (IT	, es, give wor or dote	3 01 301VICE/	SECURITY NO.	1 194 91		
18.			CAUSE	OF DEATH		INTERVAL BETWEEN
1 1 1	I Dr condition dir	DECTI V	Cr.OJE (J.K., (1)		ONSET AND DEATH
	ADING TO DEATH	RECIEI	70		7	
	mean the mode al		DUE TO	2. 278 like helder		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	henio, elc. Il meons colion which caused					
ANI	ECEDENT CAUSES		(8)	Delo Da	ميا	
			DIJE TO	Delocta	200	
DISEASES OR	CONDITIONS, if	any, giving	(C)	Tellosta	Andrew	
DISEASES OR	CONDITIONS, if	any, giving	DIFE TO	Delecta	acc)	
DISEASES OR rise to the CUNDERLYING C	CONDITIONS, if above couse (A) ONDITION last.	any, giving slaling the	(C)	Telecta		
DISEASES OR rise to the c UNDERLYING C	CONDITIONS, if above couse (A) ONDITION last. II ANT CONDITIONS C H BUT NOT RELA	any, giving slaling the	(C)	Della		
DISEASES OR rise to the cunderlying C OTHER SIGNIFICATION TO THE DEAT DISEASE OR COI 19 A.D.A.T.E. OF OP	CONDITIONS, if above couse (A) ONDITION last. II ANT CONDITIONS C III BUT NOT RELANDITION CAUSING I	any, giving slating the CONTRIBUTING TO THI	(C)			F FINDINGS CONSIDERED
DISEASES OR TISE TO THE OF OPE OTHER SIGNIFICATION TO THE DEAT DISEASE OR COI 19 ALDATE OF OP	CONDITIONS, if above couse (A) ONDITION last. II ANT CONDITIONS C H BUT NOT RELA	any, giving slaling the CONTRIBUTING ATED TO THE T.	(C)	20A. AUTOPSY? (Yes or	No) 20B, IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
DISEASES OR rise to the C UNDERLYING C OTHER SIGNIFICATION THE DEAT DISEASE OR COIL 19A.DATE OF OP	CONDITIONS, if property in the conditions of the conditions of the conditions of the condition of the condit	ONTRIBUTING TED TO THE T. DITTON FOR V	(C)	20 A. AUTOPSY? (Yes or	No) 208. IF YES, WER IN CERTIFYING C	AUSES OF DEATH?
DISEASES OR rise to the CUNDERLYING CONTRIBUTION	CONDITIONS, if prove couse (A) ONDITION last. II ANT CONDITIONS CHARD TO THE CONDITIONS CHARD CAUSING IN CAU	any, giving slaling the CONTRIBUTING TED TO THI T. DITION FOR V FORMED	OUTE TO (C) WHICH OPERATION PLACE OF INJURY (e.g., e. form, foctory, street,		No) 208. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exact locotion)
DISEASES OR rise to the c UNDERLYING C OTHER SIGNIFIC TO THE DEAT DISEASE OR COI 19A. DATE OF OP 21A. ACCIDENT TO OR CONTRIBUTIN DEATH (notify me	CONDITIONS, if plove couse (A) ONDITION last. II ANT CONDITIONS C H BUT NOT RELANDITION CAUSING I PRATION 198. CON WAS PERF	SONTRIBUTING TO THI T. DITION FOR V FORMED 21B. hom etc.)	OUTE TO (C) WHICH OPERATION PLACE OF INJURY (e.g., e., form, foctory, street,	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	No) 20B. IF YES, WER IN CERTIFYING C	AUSES OF DEATH?
DISEASES OR TISE TO THE OTHER SIGNIFICATION OF THE DEAT DISEASE OR COLUMN OF THE OTHER SIGNIFICATION O	CONDITIONS, if prove couse (A) ONDITION last. II ANT CONDITIONS CHARD TO THE CONDITIONS CHARD CAUSING IN CAU	CONTRIBUTING STORMED TO THI T. DITTON FOR V FORMED 21B. hom etc.)	OUTE TO (C) WHICH OPERATION PLACE OF INJURY (e.g., e, form, foctory, street, injury occurred)	in or obout 21C. WHERE DID office bldgs. INJURY OCCUR?	No) 20B. IF YES, WER IN CERTIFYING C	AUSES OF DEATH?
DISEASES OR TISE TO THE OF THE DEAT TO THE DEAT DISEASE OR COL TO THE DEAT TO THE	CONDITIONS, if plove couse (A) ONDITION last. II ANT CONDITIONS C H BUT NOT RELANDITION CAUSING I PRATION 198. CON WAS PERF	CONTRIBUTING STORMED TO THI T. DITTON FOR V FORMED 21B. hom etc.)	OUTE TO (C) WHICH OPERATION PLACE OF INJURY (e.g., e., form, foctory, street, injury occurred in the control of the control	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	No) 20B. IF YES, WER IN CERTIFYING C	AUSES OF DEATH?
DISEASES OR rise to the CUNDERLYING COMERCIAN CONTRIBUTION OF INJURY (APPROX.)	CONDITIONS, if above couse (A) ONDITION last. II ANT CONDITIONS COME CAUSING IT CONDITION CAUSING IT CONDITIONS COME CAUSING IT CONDITIONS COME CAUSING IT CONDITIONS COME CAUSE OF dicol exominer)	CONTRIBUTING TED TO THI TIDITION FOR V FORMED (Hour) 21E, Whi Wor	PLACE OF INJURY (e.g., e, form, foctory, street, injury occurred in the control of the control o	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	No) 20B. IF YES, WER IN CERTIFYING C	ore City, give exact location)
DISEASES OR TISE TO THE CUNDERLYING COUNDERLYING COUNDERLYING COUNTED 210. ACCIDENT OR CONTRIBUTION DEATH (notify me 210. TIME (MOFINJURY (APPROX.) 22. 1 certify the	CONDITIONS, if above couse (A) ONDITION last. II ANT CONDITIONS C H BUT NOT RELANDITION CAUSING I ERATION 198. CON WAS PERF WAS UNDERLYING COLOR CAUSE OF dicol exominer) In (1) (this hospitol	any, giving slaling the CONTRIBUTING ATED TO THIT. DITION FOR V FORMED (Hour) 21E, Whi Wor	PLACE OF INJURY (e.g., e, form, foctory, street, injury Occurred Not What work at Work	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	No) 20B. IF YES, WER IN CERTIFYING C (If in Boltim	ore City, give exact location)
DISEASES OR HISE IO THE CUNDERLYING COUNDERLYING COUNTERLYING COUNTERLYING COUNTERLYING COUNTERLYING DISEASE OR COUNTERL	CONDITIONS, if obove couse (A) ONDITION last. I ANT CONDITIONS C. H BUT NOT RELANDITION CAUSING I BERATION 198. CON WAS PERFORM CAUSE OF dicol exominer) In (1) (this hospital it sow the decease	CONTRIBUTING ATED TO THI T. DIMON FOR V FORMED 218. hom etc.) (Hour) 21E. Whi Wor	DUE TO (C) (C) PLACE OF INJURY (e.g., e., form, foctory, street, lie At Not Whick At Work A	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltim	ore City, give exact location)
DISEASES OR rise to the CUNDERLYING COUNDERLYING COUNDERLYING COUNDERLYING COUNDERLYING COUNDERLYING COUNDERLYING COUNDERLYING COUNDERLY	CONDITIONS, if obove couse (A) ONDITION last. I ANT CONDITIONS C. H BUT NOT RELANDITION CAUSING I BERATION 198. CON WAS PERFORM CAUSE OF dicol exominer) In (1) (this hospital it sow the decease	CONTRIBUTING ATED TO THI T. DIMON FOR V FORMED 218. hom etc.) (Hour) 21E. Whi Wor	DUE TO (C) (C) PLACE OF INJURY (e.g., e., form, foctory, street, lie At Not Whick At Work A	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltim	ore City, give exoct locotion) 19 pinion deoth occurred on the
DISEASES OR rise to the CUNDERLYING CONTHER SIGNIFICATOR THE DEAT OF COLORS OF CONTRIBUTING DEATH (notify me 210. TIME (MOF INJURY (APPROX.) 22. I certify the thot (I) (we) los	CONDITIONS, if obove couse (A) ONDITION last. I ANT CONDITIONS C. H BUT NOT RELANDITION CAUSING I BERATION 198. CON WAS PERFORM CAUSE OF dicol exominer) In (1) (this hospital it sow the decease	CONTRIBUTING ATED TO THI T. DIMON FOR V FORMED 218. hom etc.) (Hour) 21E. Whi Wor	DUE TO (C) WHICH OPERATION PLACE OF INJURY (e.g., e., form, foctory, street, like At Work INJURY OCCURRED ile At Work At Work ne deceased from	in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID IF	(If in Boltim	ore City, give exact location)
DISEASES OR rise to the CUNDERLYING CONTROL OF THE DEAT DISEASE OR COLUMN TO THE DEAT DISEASE OR COLUMN TO THE DEAT OR CONTRIBUTIN DEATH (notify me 21D. TIME (MOF INJURY (APPROX.)) 22. I certify the thot (I) (we) lose ond hour ond from 23A. SIGNATURE	CONDITIONS, if obove couse (A) ONDITION last. I ANT CONDITIONS C. H BUT NOT RELANDITION CAUSING I BERATION 198. CON WAS PERFORM CAUSE OF dicol exominer) In (1) (this hospital it sow the decease	CONTRIBUTING ATED TO THI T. DIMON FOR V FORMED 218. hom etc.) (Hour) 21E. Whi Wor	DUE TO (C) WHICH OPERATION PLACE OF INJURY (e.g., e, form, foctory, street, with the deceased from	in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID IN title with the body ofter deother thending Med. Director	(If in Boltim	ore City, give exoct locotion) 19 pinion deoth occurred on the
DISEASES OR rise to the CUNDERLYING COUNDERLYING COUNDERLYING COUNDERLYING COUNDERLYING COUNDERLYING COUNDERLYING COUNDERLYING COUNDERLY	CONDITIONS, if above couse (A) ONDITION last. I ANT CONDITIONS COURT (A) ONDITIONS COURT (A) ONDITIONS COURT (A) ONDITION CAUSING I DEPARTMENT (A) ONDITION CAUSING I DEPARTMENT (A) ONDITION (A) ONDIT	CONTRIBUTING ATED TO THI T. DIMON FOR V FORMED 218. hom etc.) (Hour) 21E. Whi Wor	DUE TO (C) WHICH OPERATION PLACE OF INJURY (e.g., e, form, foctory, street, with the deceased from	in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID IF	(If in Boltim	ore City, give exoct locotion) 19 pinion deoth occurred on the
DISEASES OR rise to the CUNDERLYING CONTRIBUTION OR CONTRIBUTION DEATH (notify me 21D. TIME (MOF INJURY (APPROX.) 22. I certify the thet (I) (we) lose ond hour ond from 23A. SIGNATURE	CONDITIONS, if above couse (A) ONDITION last. I ANT CONDITIONS COURT (A) ONDITIONS COURT (A) ONDITIONS COURT (A) ONDITION CAUSING I DEPARTMENT (A) ONDITION CAUSING I DEPARTMENT (A) ONDITION (A) ONDIT	CONTRIBUTING ATED TO THI T. DIMON FOR V FORMED 218. hom etc.) (Hour) 21E. Whi Wor	DUE TO (C) WHICH OPERATION PLACE OF INJURY (e.g., e, form, foctory, street, with the deceased from	in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID IF the control of the contr	(If in Boltim	ore City, give exoct locotion) 19 pinion deoth occurred on the
DISEASES OR rise to the CUNDERLYING CO OTHER SIGNIFICATION TO THE DEAT DISEASE OR COI 19A. DATE OF OP 21A. ACCIDENT V OR CONTRIBUTIN DEATH (notify me 21D. TIME (M OF INJURY (APPROX.) 22. I certify the thot (I) (we) los ond hour ond fr. 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Jype)	CONDITIONS, if above couse (A) ONDITION last. II ANT CONDITIONS COME BUT NOT RELANDITION CAUSING IT CONDITION CAUSING IT CONDITION (B) COME CAUSE OF dicol exominer) In (1) (this hospital st sow the decease om the couses stated in the couse stated in t	any, giving slating the CONTRIBUTING ATED TO THI T. CONTRIBUTING TED TO THI T. (Hour) 21E, Whi Wor World of the dolive on	DUE TO (C) WHICH OPERATION PLACE OF INJURY (e.g., e. form, foctory, street, linjury Occurred At Work At Wor	20A. AUTOPSY? (Yes or in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID IP in the interpretation of the interpret	(If in Boltim	pinion deoth occurred on the
DISEASES OR rise to the CUNDERLYING CO OTHER SIGNIFICATION TO THE DEAT DISEASE OR COI 19A. DATE OF OP 21A. ACCIDENT V OR CONTRIBUTIN DEATH (notify me 21D. TIME (M CAPPROX.) 22. I certify the thot (I) (we) los ond hour ond fr 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Iyped) 4A. BURFAL CREMA REMOVAL (Spec	CONDITIONS, if above couse (A) ONDITION last. II ANT CONDITIONS COME AND TO RELANDITION CAUSING IT CONDITIONS CAUSING IT CONDITION CAUSING IT CONDITION (AUSTREAM CONDITION) (Peor) CAUSE OF dicol exominer) In (1) (this hospital is sow the deceose come the couses stated to the couse stated to	any, giving slating the CONTRIBUTING TED TO THIT. DITTON FOR V FORMED 21B. hom etc.) (Hour) 21E. Whi Wor ted obove. (I	PLACE OF INJURY (e.g., e., form, foctory, street, injury occurred in the deceased from the deceased fr	in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID In the body of the death when the body of the death by s. 23D. ADDRESS	No) 20B. IF YES, WER IN CERTIFYING C	pinion deoth occurred on the
DISEASES OR TISE TO THE CONTROL OF THE DEAT DISEASE OR COLO OTHER SIGNIFICATION TO THE DEAT DISEASE OR COLO 19.A. DATE OF OP 21.A. ACCIDENT OR CONTRIBUTION OR CONTRIBUTION DEATH (notify me 21.D. TIME (MO) OF INJURY (APPROX.) 22. I certify the thet (I) (we) lose ond hour ond free 23.A. SIGNATURE 23.C. PHYSICIANS NAME (IVERTAL AA. BURTAL CREMA REMOVAL (Spector) BUT 12.1	CONDITIONS, if above couse (A) ONDITION last. II ANT CONDITIONS COME AND TO RELANDITION CAUSING IT CONDITIONS COME AND THE COME AND TH	any, giving slating the stating the statin	DUE TO (C) WHICH OPERATION PLACE OF INJURY (e.g., e., form, foctory, street, linjury Occurred At Work At Wo	20 A. AUTOPSY? (Yes or in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21 F. HOW DID If the interior in the interior	No) 208. IF YES, WERING COMMINION CERTIFYING COMMINION (If in Boltim NJURY OCCUR? 19 to to that in (my) (aur) of Phys. March 10 (aur) of the Comminion (Incomminion Comminion C	pinion deoth occurred on the o
DISEASES OR TISE TO THE CONTROL OF THE SIGNIFICATION THE DEAT DISEASE OR COUNTY OR CONTRIBUTION DEATH (notify me of Injury (APPROX.) 21. ACCIDENT OR CONTRIBUTION DEATH (notify me of Injury (APPROX.) 22. I certify the thought of the total or condition or condition of the total or condition or conditio	CONDITIONS, if above couse (A) ONDITION last. II ANT CONDITIONS CHE BUT NOT RELANDITION CAUSING I PERATION 198. CON WAS PERFORMED CAUSE OF dicol exominer) In (1) (this hospital st sow the deceose om the couses state 7/11/6 HEALTH DEPT.	CONTRIBUTING ATED TO THI TIDITION FOR V FORMED 21B. hom etc.) (Hour) 21E. Whi Wor 1) ottended the dolive on ted obove. (I	DUE TO (C) WHICH OPERATION PLACE OF INJURY (e.g., e., form, foctory, street, linjury Occurred At Work At Wo	in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID In the body of the death of the body of the death of the body of the death of the body of the control of the body of	No) 20B. IF YES, WER IN CERTIFYING COUR? (If in Boltime to the in (my) (our) of the in (my)	pinion deoth occurred on the



BIRTH NO.

Such

66 0'706	14)	HEALTH DEPARTMENT	Registered No	66 07062
	CERTIFICA	TE OF DEATH		
DECEASED	A	2, DATE AN	D HOUR OF DEATH	
Mrs UIOLA DEATH IN BALTIMORE, AR	Appel	7/9/		A.41 M.
DEATH IN BALTIMORE, TOAR	YLAND	A. STATE B. COUN		stitution: residence before admission)
E OF ((If not in hospital o	r institution, give street	Maryland c. CITY OF TOWN (If out	side city limits write R	URAL ond give township)
		Baltimo D. STREET ADDRESS (III	recording give location)	
land Gener	al Hospital		vonne Ave	
	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
ω	Married	10-22-02	63	
CCUPATION (Give kind of work) t of working life, even if retired) EW (Fe	IOB, KIND OF BUSINESS OR INDUSTRY	Baltimore	Haryland	12. CITIZEN OF WHAT COUNTRY?
NAME		14. MOTHER'S MAIDEN NAM	AE (

M.E. CASE NO.	CERTITICA	TE OF BEATH		
1. NAME OF DECEASED		2, DATE AN	HOUR OF DEATH	4 4
PLACE OF DEATH IN BALTIMORE, ARYLAND	pel	7191	66 618	0 H.M
FULL NAME OF ((If not in hospital or institu	ition, give street	Maryland C. CITY OF TOWN (If out:	2	RURAL and give township)
INSTITUTION		Baltimo	urol, give locotion)	
Maryland General	Hospital	4504 Br	cones A	h
	RIED, NEVER MARRIED		AGE (In years	If Under 1 Yr. , If Under 24 Hrs
	Jarried (specify)	11-22-02	ost birthdoy)	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10B. KIN one during most of working life, even if retired)		11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Baltimore	Harykin	U.SA
3. FATHER'S NAME	. 4	14. MOTHER'S MAIDEN NAM	1E	
John Hiller				
5. Was Deceased Ever in U. S. Armed Forces? (es.no or unknown)(If yes, give wor or dotes of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
1/0	32.00KH1 110.	HUSBAND		
18.	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY			1 /	ONSEL AND DEATH
LEADING TO DEATH (This does not meen the mode of dying,	(A)	cerebral En	266/15m	2 days
heart failure, osthenia, etc. It meons the dis	eose,	Cerebral En Atrial Fibril		
injury or complication which caused death.) ANTECEDENT CAUSES	· (B)	ttrial Fibril	lation	5 Yrs
DISEASES OR CONDITIONS, if ony, grise to the obove couse (A) stoling UNDERLYING CONDITION tost. II OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO	The (C)			
DISEASE OR CONDITION CAUSING IT.	/1	erpes Zoster		imonth
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		ZOA. AUTOPSY? (Yes or No)	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID sffice bldg., INJURY OCCUR?	(If in Boltimo	ore City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At Not White Not Work		JRY OCCUR?	
22. I certify that (I) (this haspital) attend	ded the deceased fram	7-7	9 66 10	7-9 19-66
that (I) (we) last saw the deceased alive		19 66 and the		oinlan death accurred an the d
and hour and fram the causes stated aba	ve. (I) (We) (did) (did nat)	view the bady after death.		23B. DAJE SIGNED
7 km el Arl	men M.D. All	med. Director	Stoff Phys.	7/9/66
NAME (Type)	/ M.D.	23D. ADDRESS	Leven	1 Hospital
		11 LEVERINE	V	1 1 1 m / m / m / m / m / m / m / m / m
4A. BURIAL CREMATION, 24B. DATE 2.	4C. NAME of CEMETERY OF CE			City, lown, or (State) (State)
Burial 7/12/66	Mt. Olivet C		timore,	

VS 150-REV. 1/1/65

Hospins

VS 150-REV. 1/1/65

1	0.000001	BALTIMORE CITY	HEALTH DEPARTMENT		66 07064
10.	00 0.00	CERTIFICA	TE OF DEATH	Registered No	00 07004
1,1	NAME OF DECEASED BEN	JAMIN		D HOUR OF DEATH	4 20
3	PLACE OF DEATH IN BALTIMORE, MARYLAND	MILLER		y 9,1966	P M.
3.	THACE OF BEATH IN BALLIMORE, MARILAND		A. STATE BE COUNTY	TY.	ution: residence before admission)
Type or Pri 3. PLACE C FULL NA HOSPITA INSTITUT 5. SEX M (A) 10A. USUAL done during CL(13. FATHER 15. Was De (Yes, no or ur) 18. (This c heart of injury DISEA 118. UNDE NO OTHER TO TO T DISEA 119A. DA 118A OTHER	FULL NAME OF (If not in hospital or institution,	give street	MARYLAND		1-10
	HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If outs		RAL and give township)
5	INAL HOSPITAL OF	BALTIMORE	BALTIMO	•	
5	INAL HOSTITE			urol, give location)	TS AVE
P					
	WIDOWED	NEVER MARRIED), DIVORCED (specify)		ost birthdoy)	f Under 1 Yr. If Under 24 Hrs. Aonths Doys Hours Min.
	MALE CAUC. MAR	RRIED	JULY 15, 1898	67	
dor	N. USUAL OCCUPATION (Give kind of work 10B, KIND OF SALE CLOTHING	SMAN I MMMMMA	BALTIMORE MA	RYLAND	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM		0.0.1
	MANAMAMMAMMA SOLOMON H	. MILLER	HEMMENMER	DHIMMINIM IDA	?
5.	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
		SECURITY NO.	MRS DOROTHY I	IILLER 602 PA	ARK HEIGHTS AVENUE
	18.5	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY				
		(A)CERO	EBROVASCULAR	ACCIDENT	1 days.
	heort failure, asthenio, etc. It means the disease,	202 10			
		MARTE	PINSCLERATIO C	ARDIOVASCULA	AR DISEASE -
(Yes, no or unknown) (If yes, give wor or dotes of service) NO WAXWAYNAMA 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES SECURITY NO. WAXWAYNAMANA. (A) CEREBROVASCULAR ACCIO					
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	(C)			
	UNDERLYING CONDITION last.		•••••		***************************************
_	ll l			· · · · · · · · · · · · · · · · · · ·	
JON	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	r			14
	DISEASE OR CONDITION CAUSING IT.	DIABE	TES MELLI		1/2 YRS.
TIF	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUSE	DINGS CONSIDERED ES OF DEATH?
C	21A. ACCIDENT WAS UNDERLYING 21B.	PLACE OF INJURY (e.g., in	n or obout 21 C. WHERE DID	(If in Boltimore C	ity, give exact location)
AL	OR CONTRIBUTING CAUSE OF hom etc.)		fice bldg., INJURY OCCUR?		
	21D. TIME (Month) (Doy) (Year) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUP?	
ME	OF INJURY	le At Not Whit		A. OGOVA:	
	(APPROX)	k At Work			
	22. I certify that (I) This hospital attended the	ne deceased from JU	1 6	966 to JUL	•
WEDICAL CERTIFICATION WEDICAL CERTIFICATION WEDICAL CERTIFICATION WEDICAL CERTIFICATION OF 12 A CONTROL OF	that (1) (we) lost sow the deceased alive on	JULY 9	19 6 6 ond the	ot ir (m) (our) opinio	n death occurred on the date
	and hour and from the causes stated above.	(We) (did) (did not) v			
	23A. SIGNATURE			23	B. DATE SIGNED
	m. Dung R form	M.D. Atte	ending Med. Director	Stoff Phys.	JULY 9, 1966
	23C. PHYSICIANY NAME (Type)	1117	23D. ADDRESS	,	(, (, 200,
	MEIVVN B. LEW			SPITAL O	F BALTIMORE
244	1102111	AME of CEMETERY OF CRE			
,	REMOVAL (Specify)	THE OF CENTERED OF CKI			town, or county) (State)
	BURIAL 7/11/66 BET	H TFILOH CONG	25C. FUNERAL DIRECTOR	ALTIMORE, MAI	RYLAND
254	A. DATE REC'D THEALTHOUGH 966 278 NAME &	F REGISTRAR			
	Joseph	- Montestant	SOL LEVINSON &	BROS. INC.	6010 REISTERSTOWN

The process of the contracts The state of the s Dimmery present the

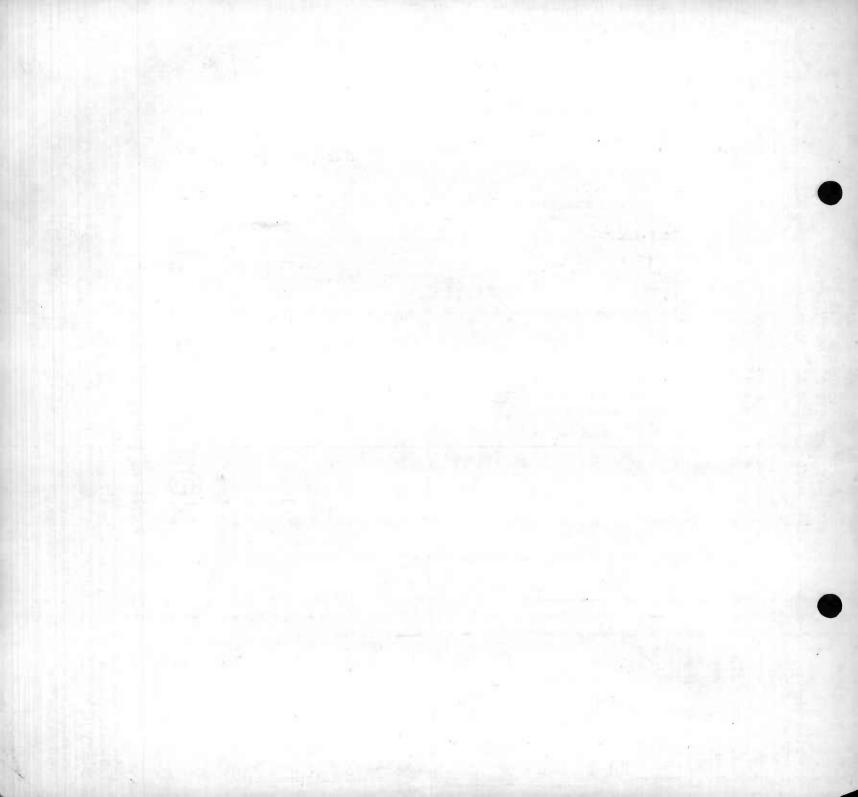
MATTER SECTION AND PARTY A



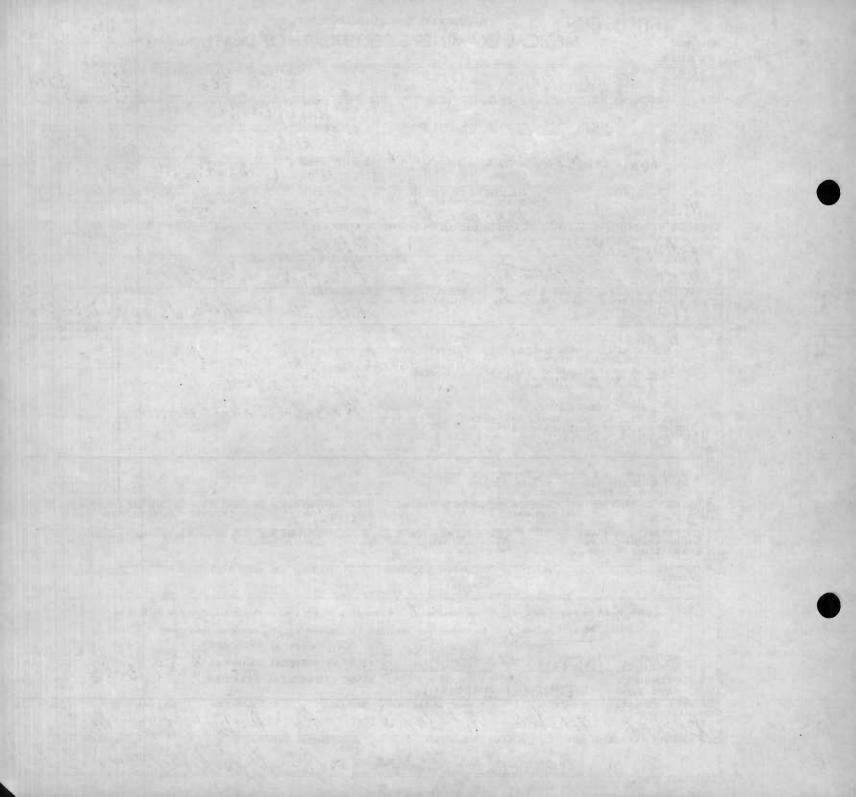
EL APPRILL SEGUE

				-	
W	1-	La	except where the physician who pronounced death was in regular attendance on the	X	40
. 4	70 4	5	0	4	_
	5	Se	+	5	
	0	0	-	S	
	5	3 9	0		
	= 1	0 0		=	
	S	_	Ü	9	
	h	55	9	O	
		9	P	0	
	-	S	0	+	
	.5	ם מ	=	0	1
	₽.		0	· E	
	9	9	10	0	90
	5.	2 . 5	3	0	0
	0	= E	D	Se	E
	0	0 0	7	00	
	4	9	=	0	L
	D	קי		P	+
	P	5	S	Ф	S
	4		3	ě	00
7	+ .	3	_	_	.v
Z	57	9 "	E	0	0
Z	St	2.5	0	0	0
2	515	X	0	UC	
0	SD	= >	0	0	-
1	W	, 5	Ce	Pu	0
3	E !	200	5	0	706
=	5	1 0	0	+	Ě
	_	. 7	-	_	10
FUNERAL DIRECTOR: IMPORTANT	9	5	2	0	ğ
0	= 1	2		3	E
H	= 1		9	6	0
0	X !	9	3	-	7.0
02	0	n G	-	_	0
=	0 -		0	10	Č
	= 3	2 2	2	0	0
	9 7	5 5	ys	3	E
2	E	9	4	2	7.6
Ш	4	>	-	Cic	0
7	= 1	9 9	he	Si	+
5	U	× 80	+	7	0
U.	4 J	2 6	T.	d	40
	+ 1	5	9	0	6
	b.	9	3	Z	7
	70	1	+	9	Č
	0	0	9	$\stackrel{\smile}{=}$	-
	6	2	3	Pu	oto
	0	2	0	0	9
	0 0	0	$\stackrel{\smile}{-}$	~	0
	0 -	0	0	+	-0
	9	1	.id	0	SI
	S	9 0	Sel	P	mu
	0	9.0	¥	0	_
	E 6	0	0	-	0/
	ite	2 -	=	0	0
	0	4	0	DL	10
	4		4	T	OF
	T-	6	0	0	2 6
	90	S	0	0	9
	S	5	S	Ce	E
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	shows: (1) An accident of any nature: (2) Body burns: (3) A fracture of any kind; (4) Undetermined cause: (5) Deceased	was D.O.A. at a hospital (e	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
	-	- VI	-	0	0

66 070	BALTIMORE CIT	Y HEALTH DEPARTMENT	ee 0'706"
BIRTH NO. 50 U/U	CERTIFICA	TE OF DEATH	Registered No. 66.07067
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND H	OUR OF DEATH
(Type or Print)	10:15-10	2. DATE AND H	1.
A 432/ 14	Wilson		1/66 95 6
3. PLACE OF DEATH IN BALTIMORE, MAI	MLAND	A. STATE B. COUNTY	ceosed lived. If institution; residence before admis
		1. ()	
FULL NAME OF (If not in hospital oddress or location	ar institution, give street	C. CITY OR TOWN (If outside	2'A 1' - 'A - 'A - B118'A1 - 4 - 4 - 4 - 4 - 4 - 4
INSTITUTION	1	C. CITE OR TOWN (IT SUISIDE	city limits, write RURAL and give township)
7 Mainedtu +	HACO'-4.	Dathmore	15-01
2 University	10SPI (AL		give location)
		2220 PEN	NA. Are.
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF RIPTH 19. AC	SE (In years If Under 1 Yr. If Under 24
14 -	WIDOWED, DIVORCED (specify)	lost	GE (In years If Under 1 Yr. If Under 24 Months Days Hours Mi
F	Married	4 15 16	50
	10B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fareign co	puntry) 12. CITIZEN OF WHAT COUNTRY?
11		The state of the s	
Housewite			S.C. U.S.A.
3. FATHERS NAME			0.
T: / : 146)	Georgian	e Kivers
5 Was Deceased Ever in II S Amed San	2007		ADDRESS
		A // M	AUDRESS
No		16/1/1/2011	11 5353 Form
	CALISE	OF DEATH	INTERVAL BETWEEN
V 017,211	1.1.0	~	ONSET AND DEATH
	ECTLY	1	
	(A)	Lberculosis Disse	minuted 5-6 yes
ANTECEDENT CAUSES	(B) YY	letastatic Carcir	some dite
		we determined	
	(C)		
Z OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING		
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 15. Wos Deceased Ever in U. S. Armed Forces? (Stole or foreign country) 15. Wos Deceased Ever in U. S. Armed Forces? (Stole or foreign country) 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (This does not meon the mode of dying, e.g., heort foilure, asthenia, etc. It means the disease, injury or complication which coused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the UNDERLYING CONDITION tost. 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			
A DISEASE OR CONDITION CAUSING I	т		
19A. DATE OF OPERATION 19B. CON		20 A. AUTOPSY? (Yes or No) 20	B. IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
		yes	466
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY le.g.,	in or about 21C. WHERE DID	(If in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, form, factory, street,	office bldg., INJURY OCCUR?	
U			
21D. TIME (Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY	O C CU R?
(APPROX.)	While At Not Wh	ile	
	Work At Work		
22. I certify that (1) (this haspital) attended the deceosed from	7 3 66 19	66 10 19 6
that (1) (we) lost sow the decease	d clive on	19 (ale and that :-	(my) (ew) opinion death occurred on the
	, ,		tilly) (and opinion death occurred on the
ond hour and from the couses stat	ed obove. (I) (We) (did) (did not)	view the body ofter deoth.	
23A. SIGNATURE			23B. DATE SIGNED
/0/m	(10114 M.D. AI	tending Med. Stoff	X 7/0/16
and allegations of	Ph	ys. Director Phys	. N 1/9/6b
23 C. PHYSICIAN'S NAME (Type)	COA	23D. ADDRESS	//
LAIMAN	S, Haus M.D	. Univers	siry Hospitac.
AAA BIIBIAL CREAAATION DATE	7.7	0,7,11	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF C	REMATORY 24D. LOCA	TION (City, town, or county) (Sto
B - 1 7-14-			
	6h Mit Auch	14 Com	Him o Mal
25A, DATE REC'D BY HEALTH DEPT.	66 Mt Aubu.	SC. FUNERAL DIRECTOR	Himore Md.
	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	Himore Md.
JUL 12 1968			Himare Md. ADDRESS



Mode Col., MIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of work 108. NND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of work 108. NND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COL. 13. FATHER'S NAME MAC 14. MOTHER'S MAIDEN NAME MAC 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS 18. LAND WILLIAM (Section of the color) 18. LAND WILLIAM (Section of the color) 19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH CAUSE OF DEATH INTER ONSE DISEASES OR CONDITION SECTION (A) ANTECANDENT CAUSE (A) STATING THE UNDERLYING CONDITIONS CONTRIBUTING TO THE ABOYE CAUSE (A) STATING THE UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION (CAUSING 17. COLOR OF CONDITION CAUSING 17. COLOR OF CONDITION OF CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION (DAS) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION (DAS) OTHER SIGNIFICANT COUNTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION (DAS) OTHER SIGNIFICANT COUNTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION (DAS) OTHER SIGNIFICANT COUNTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION (DAS) OTHER SIGNIFICANT COUNTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION (DAS) OTHER SIGNIFICANT COUNTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION (DAS) OTHER SIGNIFICANT COUNTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION (DAS) OTHER SIGNIFICANT COUNTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION (DAS) OTHER SIGNIFICANT COUNTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION (DAS) OTHER SIGNIFICANT COUNTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION (DAS) OTHER SIGNIFICANT COUNTRIBUTING TO THE DEATH BUT NOT REL		7	July 4/06		WKITK	James N	1. NAME OF DE
D. STREET ADDRESS III UTOL ON IN MONTH OR AUCH D. STREET ADDRESS III UTOL ON IN MONTH OR AUCH S. SEX D. SEX D. BACE WIDOWED, DIVORCED (Specially) D. STREET ADDRESS III UTOL ON IN MONTH OR AUCH S. DATE OF BRITH D. ADTE OF	e tawnship	B. COUNTY	rryland	A. STATE Ma	OR INSTITUTION, GIVE STREET	(IF NOT IN HOSPITA	FULL NAME OF
10A. USUAL OCCUPATION (Give kind of work 108, NND OF BUSINESS OR INDUSTRY 11. BRTHPLACE (Storie or foreign country) 12. CITIZEN OF WHAT COL 13. FATHER'S MANNE 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT 18. ADDRESS 18. CAUSE OF DEATH 19. CAUSE OF DEATH 10. SCILATION 10. SOCIAL 10. INTER 10. SOCIAL 10. ONLY INTER 10. SOCIAL 10. INTER 10. SOCIAL 10. INTER 10. SOCIAL 10. INTER 10. SOCIAL 10. INTER 10. SOCIAL 11. INTER 12. ONLY INTER 13. INTER 14. CAUSE OF DEATH 14. CAUSE OF DEATH 15. WAS DISEASE OR CONDITION SIR ANY, GIVING 16. SOCIAL 17. INFORMANT 18. CAUSE OF DEATH 18. CAUSE OF DEATH 19. CAUSE OF	o4	ojon) / / Bu	ESS (If rural, give location)		ford avenu	Too N. Mon	
done during gookyd working life, avan if ratired) 13. FATHER'S NAME MAC 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no g. ythrownill yes, give wor or dotes of service) 16. SOCIAL 17. INFORMANT ADDRESS Yes, no g. ythrownill yes, give wor or dotes of service) 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying e.g., heard follow, cathering, etc. It means the disease, injury or compileothen which caused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. WAS PERFORMED VAS PERFORMED VAS PERFORMED VAS PERFORMED VAS PERFORMED 218, PLACE OF INJURY (e.g., in or obout 21)C. WHERE DID (If in Baltimore City, give exact locotion) home, form, foctory, sheet, office bidg, INJURY OCCUR? WHILE AT NOT WHILE IT NOT WHILE WHILE AT NOT WHILE IT NOT WHILE	If Under 24 Hrs. Hours Min.	GE/(In years If Under Months C	- 14 9. AGE/lin	B. DATE OF BIRTH		COL.	5. SEX Male
I.S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no glydinown) (If yes, give wor or dotes of service) IB. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or compileration which caused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION COUNTRIBUTING WAS PERFORMED VALUE OF DEATH OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION COUNTRIBUTING UNDERLYING CONDITION CONTRIBUTING UNDERLYING CONDITION CONTRIBUTING UNDERLYING CONDITION CONTRIBUTING UNDERLYING CONDITION FOR WHICH OPERATION VALUE OF INJURY (e.g., in or obout 21C, WHERE DID UNDERLYING CONDITION CONTRIBUTING UNDERLYING CONDITION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION C	UNTRY?	12. CITIZEN WHAT		N.C	B. KIND OF BUSINESS OR INDI	rorking life, even if retired)	dane during most of LADO
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heard failure, asthenic, etc. It means the disease, injury or complication which caused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No!) 20B. IF YES, WERE FINDINGS CONSID WAS PERFORMED 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH? 21A. EXTERNAL CAUSE WAS ONLY OR CONTRIBUTING CONSID UNDERLYING OR CONTRIBUTING CAUSES OF DEATH? 21A. EXTERNAL CAUSE WAS ONLY OR CONTRIBUTING CAUSES OF DEATH? 21A. EXTERNAL CAUSE WAS ONLY OR CONTRIBUTING CAUSES OF DEATH? 21A. EXTERNAL CAUSE WAS ONLY OR CONTRIBUTING CAUSES OF DEATH? OF INJURY (APPROX.) WHILE AT NOT WHILE AT NO	11 4	ADDRESS	TA. NEW.	Albert		MI dall	MAC.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes not meon the made of dying, e.g., heard foilure, ostheria, etc. It means the disease, injury or complication which caused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDED IN CERTIFYING CAUSES OF DEATH? 21A. EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in ar about 21 C., WHERE DID IN CERTIFYING CAUSES OF DEATH? OF INJURY (AUSE OF DEATH. 21B, INJURY OCCUR? of INJURY OCCUR? OF INJURY OCCUR? OF INJURY (APPROX.) WHILE A NOT WHILE 21F. INJURY OCCUR? OF INJURY (APPROX.)	RVAL BETWEEN	ı	D. NEWKITH			Ill yes, give wor or dote	NO
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A, EXTERNAL CAUSE WAS UNDERLYING CONTRIB- UTING CAUSE OR CONTRIB- UTING CAUSE OR CONTRIB- UTING CAUSE (Month) (Day) (Year) (Hour) 21D TIME (Month) (Day) (Year) (Hour) WHILE AT NOT WHILE AT WORK WHILE AT NOT WHILE AT WORK AT WORK AT WORK AT WORK ANTECENDENT CONTRIB- WAS CAUSE OF CONTRIB- UNDERLYING CAUSE WAS UND	ET AND DEATH	anl	lesotre a	terrosa	vina e.a. (A)	LEADING TO DEATH	(This does
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		rease	la dise	hyperte	e disease, oth.)	asthenia, etc. It means nplication which caused	heart failure injury as co
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERATION IN CERTIFYING CAUSES OF DEATH? 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID (If in Baltimore City, give exact locotion) UNDERLYING OR CONTRIB- UNDERLYING OR CONTRIB- UNING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID (If in Baltimore City, give exact locotion) INJURY OCCUR? etc.) 21D TIME (Month) (Day) (Year) (Haur) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT WORK					TING THE	E ABOVE CAUSE (A) ST	RISE TO THE UNDERLY!
WAS PERFORMED In Certifying Causes of Death?					TED TO THE	NIFICANT CONDITIONS DEATH BUT NOT RE	DISEASE S
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. home, form, foctory, street, office bldg., INJURY OCCUR? 10 TIME (Month) (Day) (Year) (Haur) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE NOT WHILE AT WORK AT WORK		TEYING CAUSES OF DEA	IN CERTIFYING	NO	RMED	WAS PER	00
OF INJURY (APPROX.) m. WHILE AT NOT WHILE AT WORK	,		OCCUR?	office bldg., INJURY (home, form, foctory, streets.)	OR CONTRIB- SE OF DEATH.	UNDERLYING CAL
1 144.		OK!	W DID INJURY OCCUR!	WHILE	WHILE AT	(Month) (Day) (Teal	OF INJURY
I certify that I held an Inquiry Inspection Autopsy and that an this basis, death in my apinion resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner		mined manner	de Undetermine	le Hamicide			
SIGNATURE WORLD, 3 M.D. ASSISTANT MEDICAL EXAMINER X 7.10. 66	TE SIGNED	RX 710	EDICAL EXAMINER	ASSISTANT MEI	1)	ER'S	SIGNAT
NAME (Type) WERNER U. SPITZ, M.D. 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, of county) ARIPA 1713/66 Arbutus Mam. PR ARbututus M	(State)	(City, town, or co	23D. LOCATION	Men Ph		MATION, 238 DATE	23A. BURIAL CRI



Magazines, distant of part for the A WARREN SILS TE

BALTIMORE CITY HEALTH DEPARTMENT

NIW

IMPORTANT

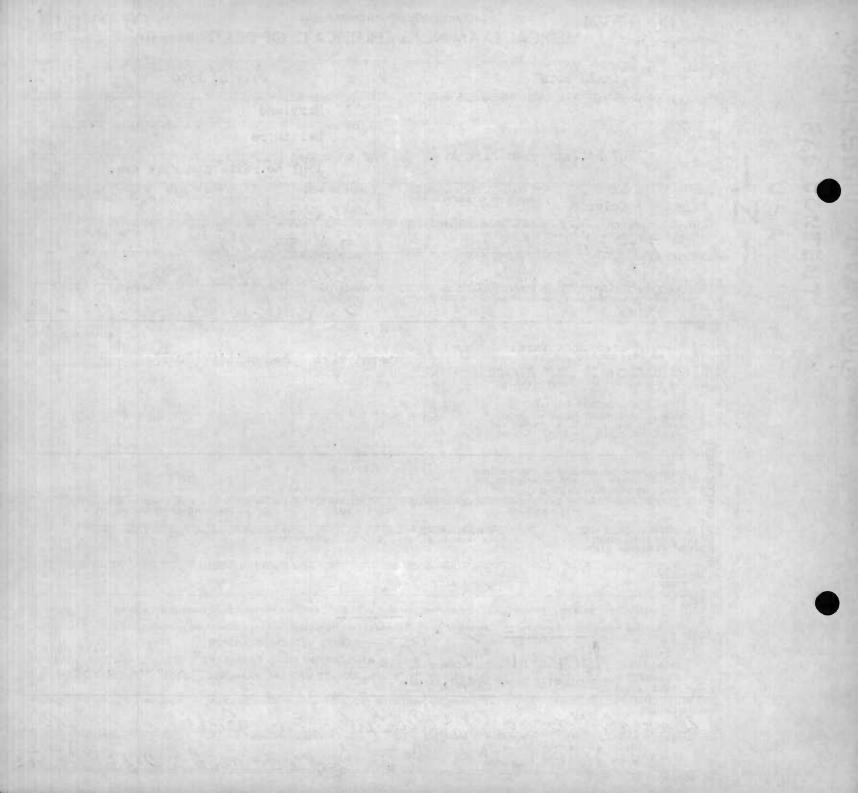
DIRECTOR:

FUNERAL

Smertel gent-us

Lugar Sanders 20 Phase

O 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ERTI 204 AUTOPSY? (Yes of No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED O Yes 21 A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or about 21C, WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg., INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 21D TIME (Month) (Doy) (Year) (Hour) OF INJURY MHILE AT NOT WHILE (APPROX.) 22. I certify that I held an Inquiry Inspection Autopsy X ond that on this bosis, death in my opinion Suicide Homicide Undetermined monner resulted from: Notural couses Accident CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE July 5,1966 ASSOCIATE MEDICAL EXAMINER EXAMINER'S Werner U. Spitz, M.D. NAME (Type) 23A, BURIAL CREMATION. 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote) REMOYAL (Specify) 24B, NAME OF REGISTRAR ADDRESS 24C. FUNERAL DIRECTOR VS 151-REV. 1/1/65



and

death

his

examiner

chief medical

approved by

VS 150-REV. 1/1/65

IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH

66 07072

3:10 A.

tf Under 24 Hrs.

Hours

ADDRESS

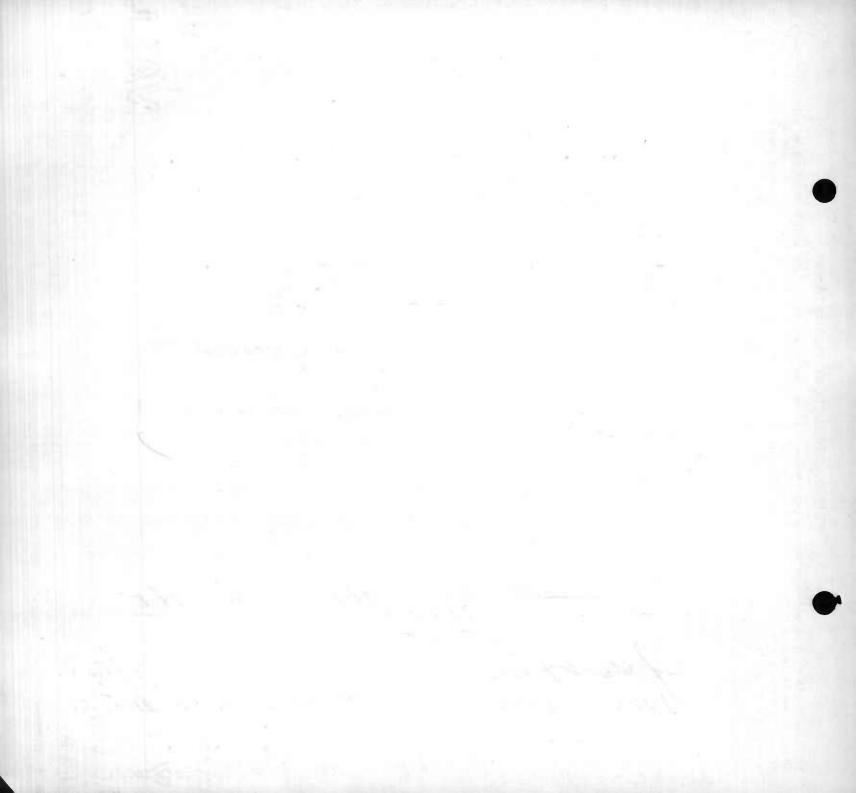
INTERVAL BETWEEN

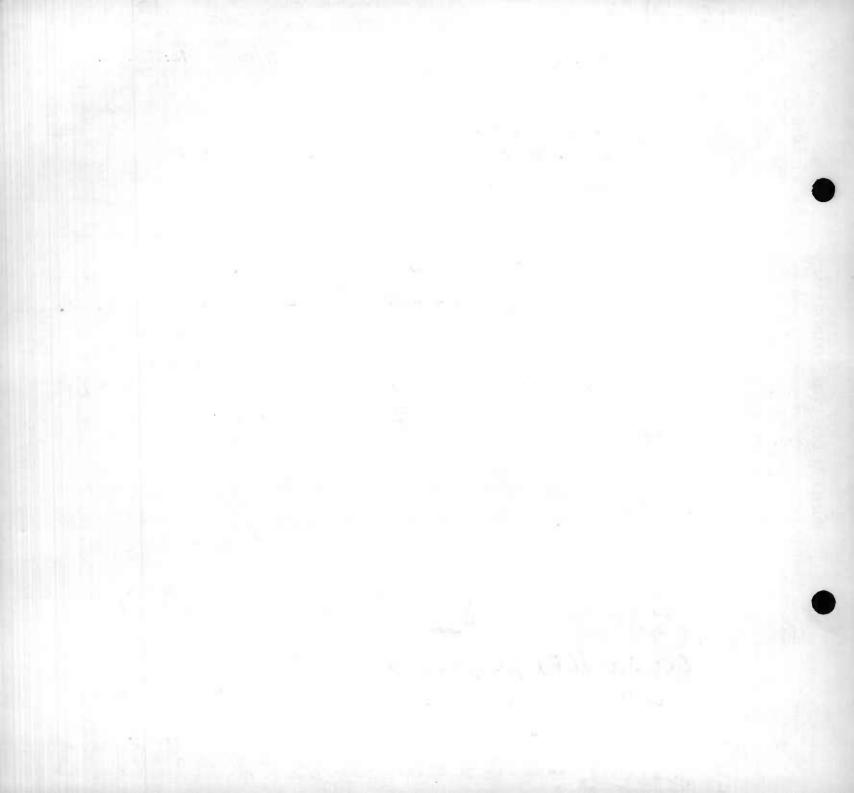
ONSET AND DEATH

ADDRESS

ma-lone on the street will be

	BALTIMORE CIT	Y HEALTH DEPARTMENT		00 00000		
BIRTH NO. 66 07073	CERTIFICA	TE OF DEATH	Registered No.	66 07073		
M.E. CASE NO.			HOUR OF DEATH			
Type or Print) Icie Virginia Fr	itter Overman	ļ-·	8, 1966			
B. PLACE OF DEATH IN BALTIMORE, MARYLAND	20002 0102	4. USUAL RESIDENCE (Where	deceased lived. If i	institution: residence before admission)		
		Md.	<	2208		
FULL NAME OF (If not in hospital or institu	ition, give street		le city limits. The	RURAL and give township)		
INSTITUTION			,	de die give te distip		
St. Agnes Hospita	1	D. STREET ADDRESS (If rur	ol, give location)			
Balto., Md.		319 S. Augusta Ave.				
5. SEX 6. RACE 7. MAI	RRIED, NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. , If Under 24 Hrs.		
TP 1176	OWED, DIVORCED (specify)		t birthdoy)	Months Doys Hours Min.		
IOA. USUAL OCCUPATION (Give kind of work 10 B. KIN		7-27-87 11. BIRTHPLACE (State or foreign	country)	12, CITIZEN OF		
done during most of working life, even if retired)				WHAT COUNTRY?		
Housewife		Virginia 14. MOTHERS MAIDEN NAME		USA		
Late-George Washingto		Late-Josephin				
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of ser	1 6. SOCIAL vice) SECURITY NO.	17. INFORMANT Norman	Downing	ADDRESS		
No		OA 811 N. Chap				
18. 100		OF DEATH		INTERVAL BETWEEN		
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH		
LEADING TO DEATH	(A) 17	PUSE MAUSOR	uniti			
(This does not mean the mode of dying, heart failure, asthenio, etc. It means the dis	e.g., DUE TO	16 -	- E. b. & J J JE X	***************************************		
injury or complication which caused death.)	/	NI-HROFION				
ANTECEDENT CAUSES	(B)	A TEMIO 1 CLG	MYSIK			
DISEASES OR CONDITIONS, if any,	iving C	EUTE HAYOCA NEAROTION FRIGHDICLE HAND-UMEULA	K 17158455			
rise to the obove cause (A) stoting	the (C)					
UNDERLYING CONDITION lost.						
OTHER SIGNIFICANT CONDITIONS CONTRIB	HTING					
TO THE DEATH BUT NOT RELATED TO						
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED		
19A. DATE OF OPERATION WAS PERFORMED			IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?		
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID	(If in Boltima	re City, give exact location)		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home. form, factory, street, c	office bldg., INJURY OCCUR?				
U	21E, INJURY OCCURRED	21F. HOW DID INJUI	V OCCII92			
OF INJURY	While At Not Whi		i occor:			
(APPROX.)	Work At Work					
22. I certify that (I) (this hospital) otten	ded the deceased from	7/8/ 19	66 to 2	1966		
that (I) (we) last saw the deceased alive	on 7/8/66	1 / /	()	inian deoth occurred on the dot		
ond hour and from the causes stated oba	// 0 /		, , , , , , , , , , , , , , , , , , , ,			
23A. SIGNATURE	Top (1) (110) (did) (djggmot)	The budy offer deoffi.		23B. DATE SIGNED		
1/10/ 12/1	M.D. At	ending Med. S	off	00/10/10		
23C. PHYSICIAN'S	Ph.	7s. Director Pi	ıy s.	1/1/66		
NAME (Type)		230. AUDRESS				
CONW M. Sho	W M.D.	5800 80 mun	SON AUX	. 1190. 28, All.		
24A. BURIAL CREMATION, 24B. DATE 2 REMOVAL (Specily)	4C. NAME of CEMETERY OF CE	EMATORY 24D. LO	ATION (C	City, town, or county) (State)		
Burial 7-11-66	Imraine Park	775	1 - 252			
	AME OF REGISTRAR	25C, FUNERAL DIRECTOR		ADDRESS		
JUL 12 1966 R.C.	E Jarber MA	Witzke 4101	Edmonds	200		
VS 150-REV. 1/1/65		1	wino HUS (AT THE		





MALE WALTE MARRIED

RETIRED

WILLIAM F. MICKMAN EMMA LUCKMAN

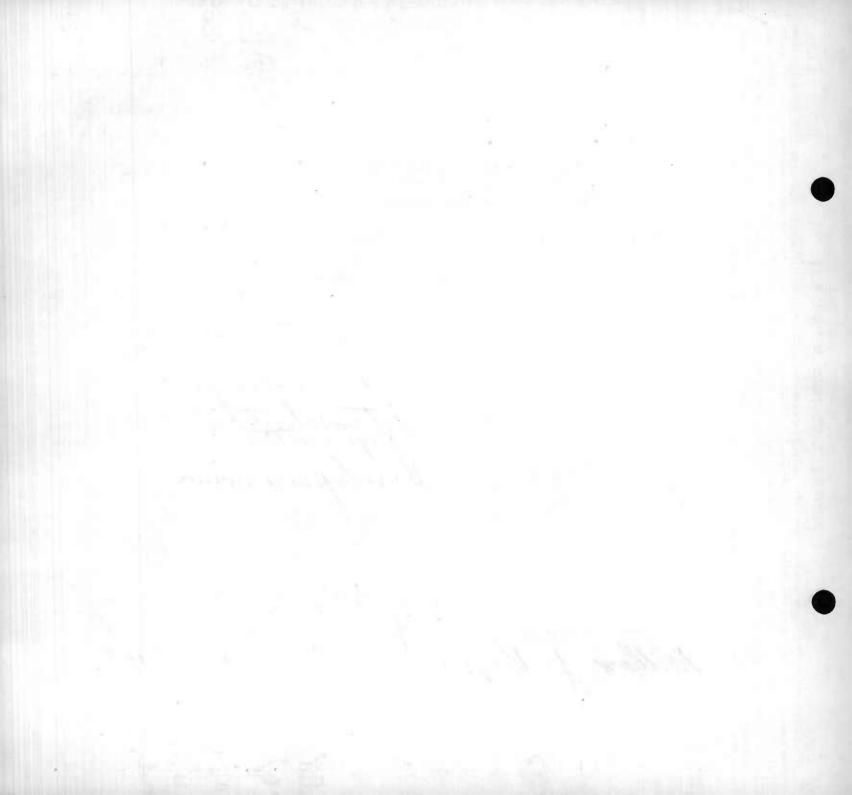
Servit Tues BRETINGRE \$39 18 MRILLOW HILL RA 3-1-1890 176 BALTIMORE US B

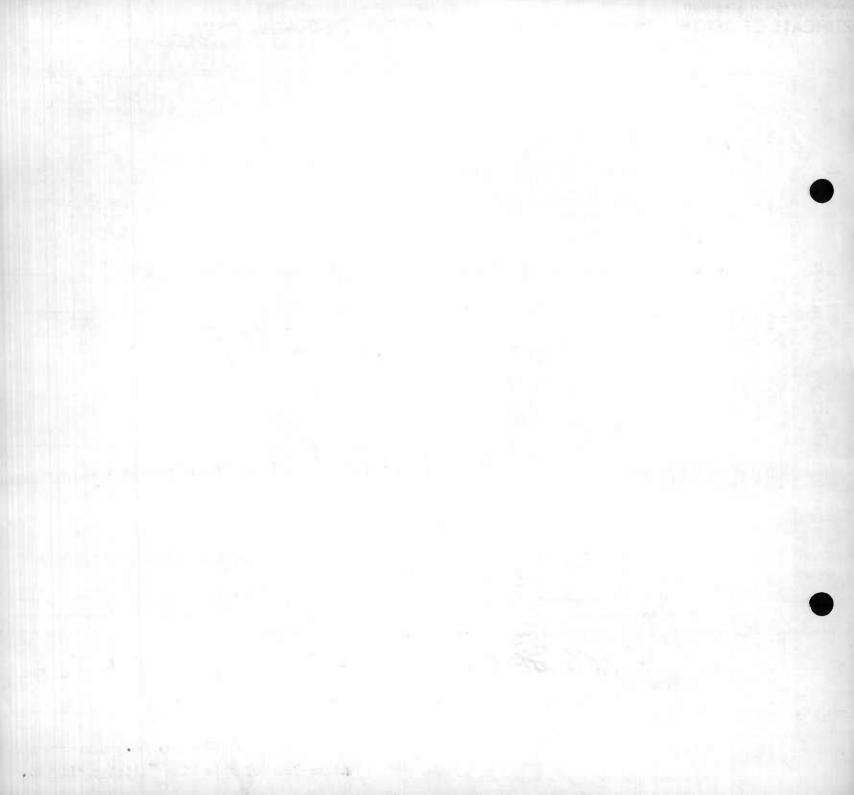
(CEREBRAL THROMBOSIST)

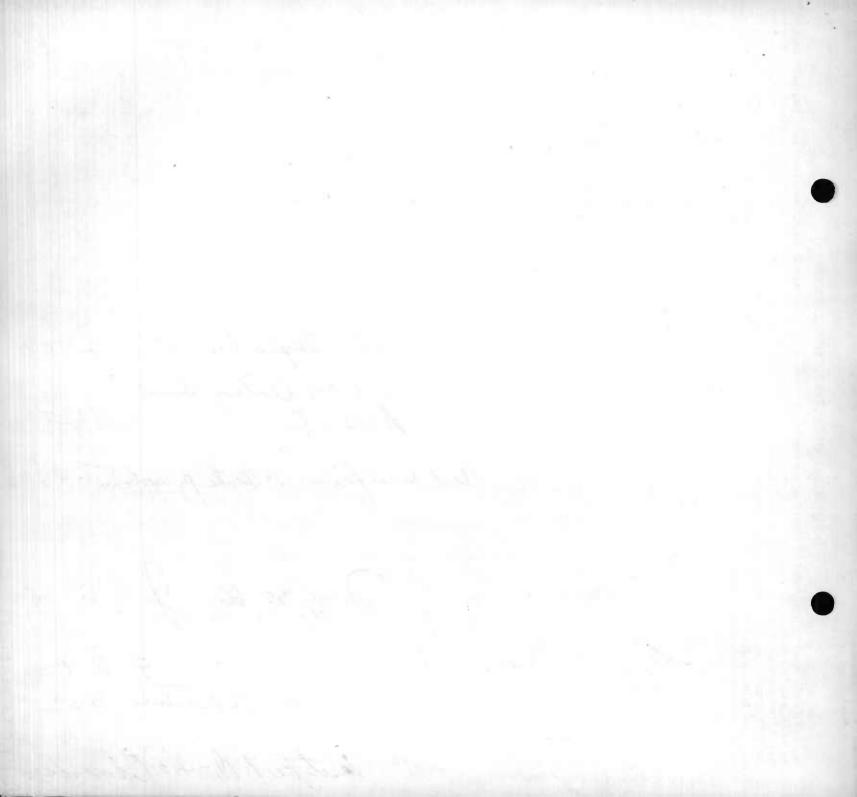
3 PM Jul 10 66 --

Y. CHUNG

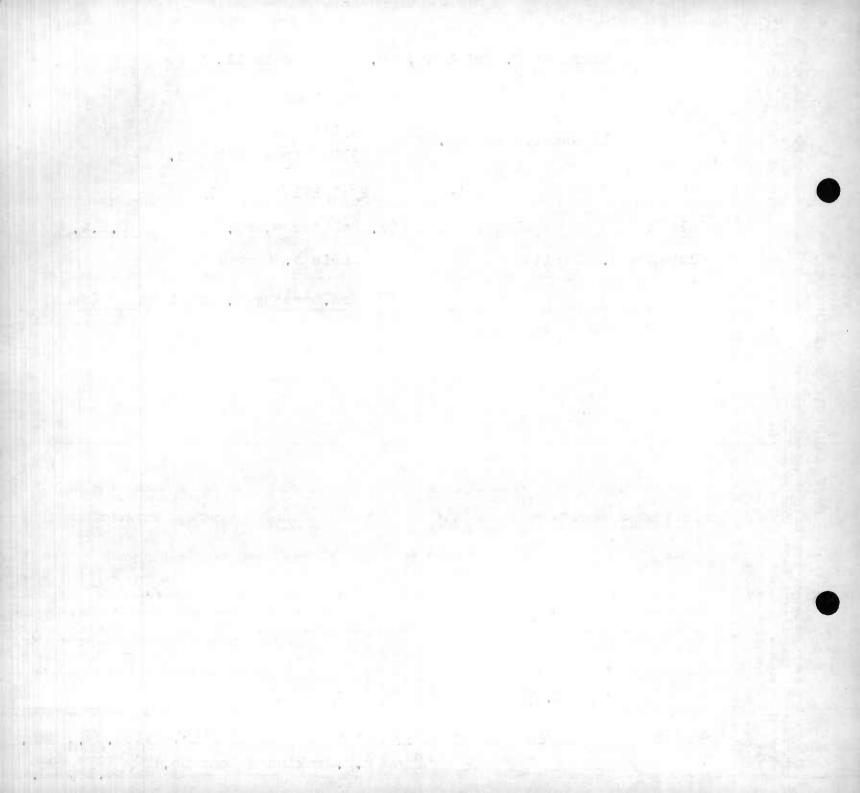
BIRTH	1 NO.	66 07077		CERTIFICA			Registered No	66 07077
M.E. CASE NO. 1, NAME OF DECEASED (Type or Print)						2. DATE AN	D HOUR OF DEAT	TH.
Туре	or Print)		orla 7 i sa				Ly 10, 19	
3. PL	ACE OF DEA	1 S. McGlau	RYLAND		4. USUA	L RESIDENCE (Where	deceased lived, If	f institution: residence before gamissi
					A. STATE	B. COUNT	TY =	114-00
FU	JLL NAME O	F (If not in hospital and oddress or location		give street	Md.			2804
	CTITIITION	Gen. German		Poonlog Ho	C. CITY			e RURAL and give towaship)
2		22 S. Athol	ATTO	reobtes no		City-Bal		
0		NA D. ACITO	r was					
						2 S. Atho		
S. SE	X	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE C	11	. AGE (In years ast birthday)	Months Doys Hours Min
	H.	Wh		dow		n. 2, 18	35 85	
		JPATION (Give kind of work working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTH	PLACE (State or foreig	in country)	12. CITIZEN OF WHAT COUNTRY?
30110	during most of v	vorking life, even it refired}			Gine	cinnatti,	Ohio	USA
3. F.	ATHERS NAM	A F				TER'S MAIDEN NAM		0.022
		n Cundy					la Louis	
							Ta Tionis	
5. W	os Deceased	Ever in U. S. Armed Ford	s of service)	1 6. SOCIAL SECURITY NO.	17. INFOR			ADDRESS
		/		JECONIII NO.	Mr.	Sanders	-Gen Ger	man Aged Home r
12	8.22 77			CAUCE	DE DEATH			INTERVAL BETWEEN
		above cause (A) CONDITION last.	stating the	(C) f. f. f.	llria	Schrol	d Mya	carcleof
\succeq	TO THE DI	FICANT CONDITIONS C	TED TO TH	G B	1 /	Dana	1.	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED			20A. 2UTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
J 2	OR CONTRIBU	TING CAUSE OF	21 B hom etc.	PLACE OF INJURY (e.g., e., form, foctory, street,	in or obbut iffice bldg.,	21 C. WHERE DID INJURY OCCUR?	(If in Boltin	more City, give exact location)
0 2	ID. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED		21F. HOW DID INJU	JRY OCCUR?	
>	APPROX.)			ile At Not Whi				
ļ,			Wo	rk L At Work		0 ~	-	7
2	2. 1 certify	that (I) (this hospital) attended t	he deceased from 12	Ju	14 / 1	9 666.10	19 60
Ť	hat (I) (we)	last saw the decease	d olive on	July	19.	Ada and the	t in (my) (our) o	opinian deoth occurred an the
	and hour and	from the couses stat	ed obave. (I) (We) (did) (did hor)	view the	1 4		1
	3A. SIGNATU		1/	/ (10/ (010/ (01/101/		pay oner decim		23B. DATE SIGNED
	11/1:1	1	11	M.D. AI	ending (7)		Stoff	110000
1	Mu	an j.	Wry	son Ph	/s. V		Phys.	11 July Cel
2	3C. PHYSICIA	(pe)	1		23D. ADD	RESS		1
	NAME IT	liam J/ Bry	son//	M.D.	460	05 Edmond	son Ave.	
24A.	BURIAL CRE	MATION, 24B. DATE	24C, N	AME of CEMETERY of CE	L			(City, town, or county) (State
	Burla	pecify) 7-12-	66 R	ock Creek C	em-	W	ashingto	n. D. C.
0.5.							- STTT 118 00	
25A.		UL 12 1966		E tabuma		tzke F. D	4101 E	dmondson Ave.
10 3	50-PEV 1/1/6		THE PARTY OF					

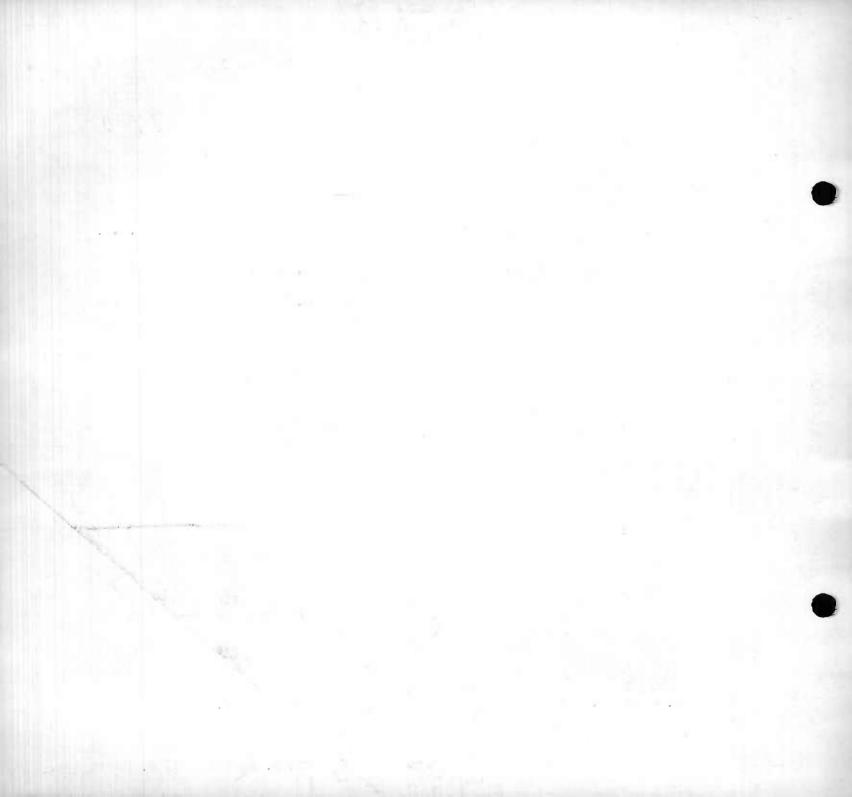




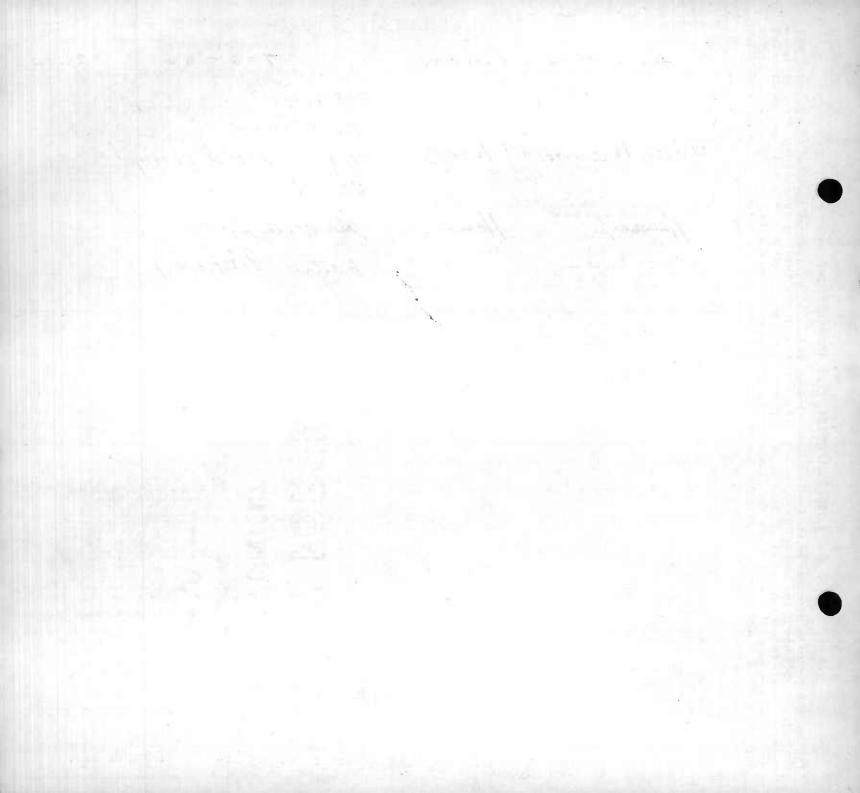


BIRTH NO.	66 07	768A	ATE OF DEATH	Registered No.	66 07080
M.E. CASE NO.			2. DATE A	ND HOUR OF DEATH	1
Type or Print)		nce E. Triplett, S:		11, 1966	
PLACE OF DE	ATH IN BALTIMORE,	MARYLAND	4. USUAL RESIDENCE (Wh.	ere deceased lived. If NTY	institution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	OF (If not in hos oddress or lo	pitol or institution, give street cotion)	Maryland c. city of town (If or	utside city limits, wite	RURAL and give township)
10	317 Ch	arter OakAve.	Baltimore D. STREET ADDRESS (1)		
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs
. M	W	Married (specify)	2/17/1915	lost birthdoy)	Months Doys Hours Min.
A. USUAL OCC		work 108, KIND OF BUSINESS OR INDUST		eign country)	12. CITIZEN OF
one during most of Clerk	working life, even if reti	Albert Goetz &Co	Boltimone	Ma	WHAT COUNTRY?
3. FATHERS NA	ME	Albert doetz act	14. MOTHER'S MAIDEN NA		U.S.A.
	ce E. Tri	nlett	Marie A. Co		
			17. INFORMANT	J11	ADDRESS
Dr. 200	Ever in U. S. Armer (If yes, give war or	dotes of service) SECURITY NO.			
No			Mrs.Dorothy	M. Tripl	
18. /6 =	3 / 1		OF DEATH		ONSET AND DEATH
DISEA	SE OR CONDITION LEADING TO DEA	DIRECTLY	arcinoma	04	2 20
(This does	nat mean the made	al dying, e.g., DUE TO	avoucomo	- / runs	1 2 ms
rise to th	OR CONDITIONS, e abave cause G CONDITION last	(A) stoling the (C)			
OTHER SIGN TO THE D DISEASE OR	IFICANT CONDITION DEATH BUT NOT CONDITION CAUSI	RELATED TO THE			
OTHER SIGN TO THE D DISEASE OR 19A. DATE OF	7 66 WAS	CONDITION FOR WHICH OPERATION PERFORMED Brogsoy	20A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
DEATH (notify	NT WAS UNDERLYIN UTING CAUSE OF medical examiner)	121 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	(If in Boltimo	ore City, give exact tocotion)
OF INJURY (APPROX)	(Month) (Doy) II	(Hour) 21E INJURY OCCURRED While At Not Work At Work		JURY OCCUR?	
22. L cartifu	that (1) (this has	pital) attended the deceased from		19 6 3 to	tely 11 10 bb
that (I) (we)	lost saw the dec	eased alive on $7-4$	19 66 ond 1	hat in (my) (aur) op	olnion death accurred on the dat
	,	stoted obove. (I) (We) (did) (did not)	view the body ofter death.		
23A. SIGNATU	/////	1/10 - WO A	ttending Med.	Stoff	23B. DATE SIGNED
22C Brive(=1	111.10	10 chips	hys. Director	Phys.	1 66
23C. PHYSICIA NAME (1	(ype)	W 13	23D. ADDRESS	D . 1	
		K. Wong	OCCL DOLALI		
AA. BURIAL CRE	MATION, 248. DAT	24C. NAME of CEMETERY OF C	REMATORY 24D. I	LOCATION	City, town, or county) (State)
Burial	7/11	1/66 Moreland Mem	orial Park Pa	arkville.	Balto.Co. Md.
5A. DATE REC'D	BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTO	R	LOOK VONE Bood
	JUL 12 19	66 Robert E. Farkey M.	H.W.Jenkins	& Sons Co	Balto 12 Md





	CERTIFICA		Registered Na.	
ype or Printy nie Verbna:	T. 14	2. DATE AN	D HOUR OF DEATH	
	variett		-6-66	2,20
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceosed lived. It is	nstitution: residence before admi
FULL NAME OF (If not in hospital or instilut oddress or location)	ion, give street	C. CITY OR TOWN (If our	side city limits unite	RURAL and give township)
INSTITUTION		Baltima	al.	27-10
1/ m	1 11	D. STREET ADDRESS (II	rural, give location)	
Union Memorial	MOSD	719 5 Co	de pr	ing hane
	RIED, NEVER MARRIED OWED, DIVORCED (specify)		9. AGE (In years lást birthday)	Months Doys Hours A
	named	June 18,1913	5.3	
DA, USUAL OCCUPATION (Give kind of work 10B, KINI one during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12, CITIZEN OF WHAT COUNTRY?
Hausewife	Hose	Saranah;	Derryen	USA
FATHERS NAME	26+, D.:	14. MOTHERS MAKEN NAM	ME	
Killie Pinking	Starford	Katia	inkner	/
. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (It yes, give wor or dotes of servi	16. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown/lif yes, give wor or doies for servi	SECURITY NO.	Mr. Robt. 1.	oe Jame	A Same
18.	CAUSE (OF DEATH	7	INTERVAL BETWEE
DISEASE OR CONDITION DIRECTLY	01.002	- C - 1	1	ONSET AND DEAT
LEADING TO DEATH		rebral A	emarto	Pe 12613.
ANTECEDENT CAUSES	(B) A	ferros ellore	- Carollou	80) (or
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, girise to the above couse (A) stoting UNDERLYING CONDITION last.		fenos ellon	lisson	
DISEASES OR CONDITIONS, if ony, ginse to the above couse (A) stoting UNDERLYING CONDITION last.	TING	fenos ellon	Lisea	
DISEASES OR CONDITIONS, if ony, girse to the above couse (A) stoting UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 199. DATE OF OPERATION 198. CONDITION FWAS PERFORMED	JTING THE OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
DISEASES OR CONDITIONS, if ony, ginse to the above couse (A) stoting UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FWAS PERFORMED WAS PERFORMED 19B. CONTRIBUTING CAUSING OF CAUSE OF CONTRIBUTING CAUSING OF CAUSE OF CONTRIBUTING CAUSING OF CAUSE OF CAUSING OF CAUSE OF CAUSING O	JTING THE	in or obout 21 C. WHERE DID	IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH? Ce City, give exact locotion)
DISEASES OR CONDITIONS, if ony, ginse to the above couse (A) stoting UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION FWAS PERFORMED 21A:ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	UTING THE OR WHICH OPERATION 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED	in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(It in Baltimor	
DISEASES OR CONDITIONS, if ony, ginse to the above couse (A) stoting UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION FWAS PERFORMED 21A:ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	UTING THE OR WHICH OPERATION 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID fffice bidg., INJURY OCCUR?	(It in Baltimor	
DISEASES OR CONDITIONS, if ony, girise to the above couse (A) stoting UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FWAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	UTING THE OR WHICH OPERATION 21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21 E. INJURY OCCURRED While At	in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJ	(It in Baltimor	e City, give exact locotion)
DISEASES OR CONDITIONS, if ony, ginse to the above cause (A) stoting UNDERLYING CONDITION last.	TING THE COR WHICH OPERATION 218. PLACE OF INJURY (e.g., home, form, toctory, street, etc.) 21E. INJURY OCCURRED While At Not White Work At Work ed the deceased fram	in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJ	URY OCCUR?	e City, give exact location)
DISEASES OR CONDITIONS, if ony, girise to the above couse (A) stoting UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OF CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attend that (I) (we) last sow the deceased alive	TING THE OR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.) 21E. INJURY OCCURRED While At Not White At Work ed the deceased from	in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJ 10:40 10:40 and the	URY OCCUR?	e City, give exact location)
DISEASES OR CONDITIONS, if ony, girise to the above couse (A) stoting UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION FWAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attend	TING THE OR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.) 21E. INJURY OCCURRED While At Not White At Work ed the deceased from	in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJ 10:40 10:40 and the	URY OCCUR?	e City, give exact location)
DISEASES OR CONDITIONS, if ony, girise to the above couse (A) stoting UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21A. ACCIDENT WAS UNDERLYING OF CAUSE OF DEATH (notily medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attend that (I) (we) last sow the deceased alive and hour and fram the causes stated above	TING THE COR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED While At Not White Mark North Nor	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJ 10:40 19 and the view the bady after death.	IN CERTIFYING CA (It in Baltimor URY OCCUR? Pm 19 (a. b. to	e City, give exact locotion) 2 19 Inion death accurred an th
DISEASES OR CONDITIONS, if ony, ginse to the above couse (A) stoting UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION F WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attend that (I) (we) last sow the deceased alive and hour and fram the causes stated above 23A. SIGNATURE	TING THE OR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.) 21E. INJURY OCCURRED While At Not White At Work ed the deceased from	in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJ 10:40 19 ond the view the bady after death.	URY OCCUR? PM 19 .6.6. to	e City, give exact locotion) 2 - 4 - 19 - 19
DISEASES OR CONDITIONS, if ony, girise to the above cause (A) stoting UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attend that (I) (we) last sow the deceased alive and hour and fram the causes stated above 23A. SIGNATURE	TING THE COR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED While At Not White Mark North Nor	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJ 10.40 19 and the view the bady after death.	IN CERTIFYING CA (It in Baltimor URY OCCUR? PM 19 (a.b. to	e City, give exact locotion) 2 19 Inion death accurred an th
DISEASES OR CONDITIONS, if ony, ginse to the above couse (A) stoting UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION FWAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21D.TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attend that (I) (we) last sow the deceased alive and hour and fram the causes stated above 23A, SIGNATURE 23C. PHYSICIAN'S NAME (Type) MAKION COLORS	TING THE COR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, loctory, street, cetc.) 21E. INJURY OCCURRED While At Not White work ed the deceased fram an 2 6 ve. (I) (We) (did) (did not) M.D. At Ph.	in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJ 10:40 19 Am ond the view the bady after death. 23D. ADDRESS Union Memorial	URY OCCUR? OPM 19 (a.b. to	e City, give exact locotion) 2 - 6 - 19 - 19 - 19 - 19 - 19 - 19 - 19
DISEASES OR CONDITIONS, if ony, ginse to the above couse (A) stoting UNDERLYING CONDITION last. I OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attend that (I) (we) last sow the deceased alive and hour and fram the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 4A. BURIAL CREMATION, 24B. DATE 24. BURIAL CREMATION, 24B. DATE	TING THE OR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED While At Not White At Work ed the deceased fram on 2 6 (e. (I) (We) (did) (did not) M.D. At Ph. M.D. At C. NAME of CEMETERY or C.	in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJ 10:40 19 Am ond the view the bady after death. 23D. ADDRESS Union Memorial	IN CERTIFYING CA (It in Baltimor URY OCCUR? PM 19 (a.b. to	e City, give exact locotion) 2 - 19 (Inion death accurred an the 238. DATE SIGNED 7 - 6 - 6 (Signed)



BALTIMORE CITY HEALTH DEPARTMENT

ours Min.

(State)

Md.

ADDRESS

Hours

ADDRESS

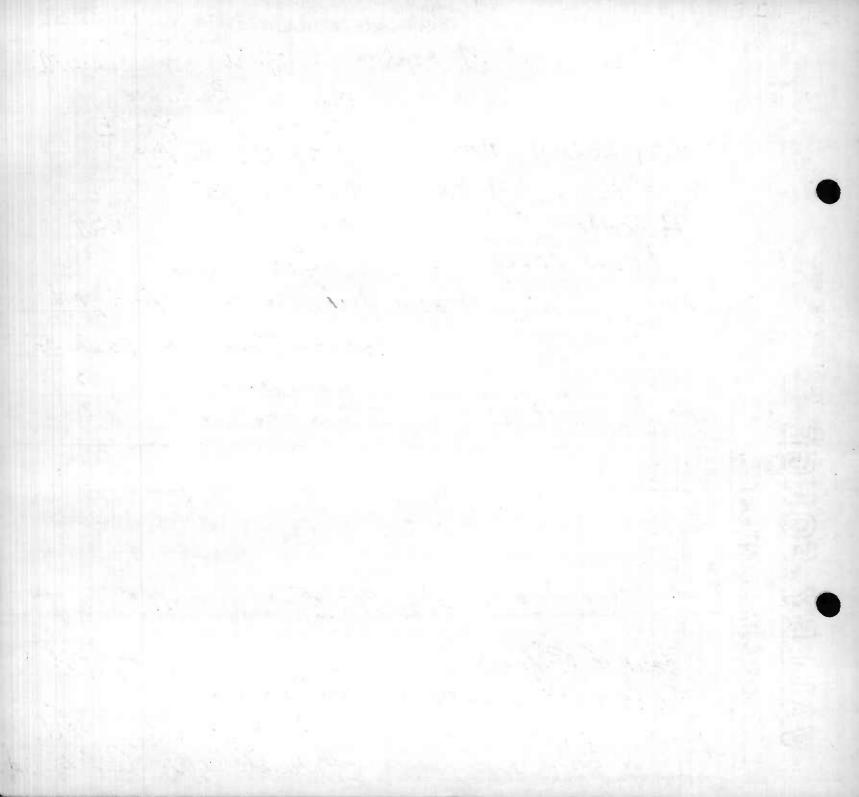
INTERVAL BETWEEN ONSET AND DEATH

A SULA TOPOT BI JUA persona History January Property and - - W **FETTKE** was the a metal Date - January - Janu A Principle of the State of the

IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT



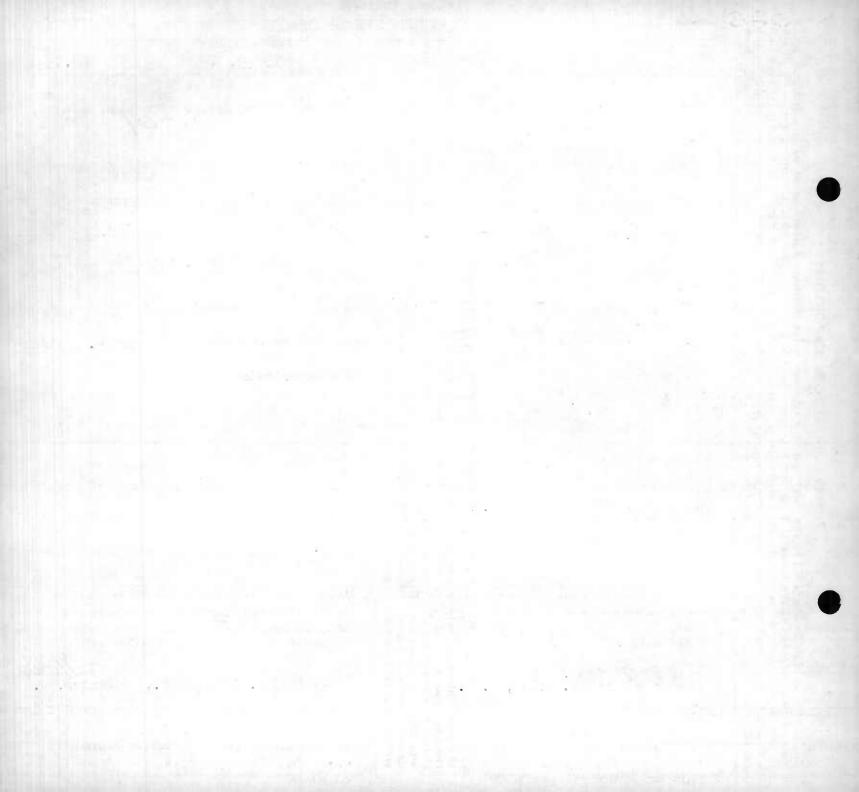
G-146 66 07085

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 07085

JAN TO	ITTLE	CALL	WANTE TELL O	LKIIIICA				
M.E. CASE NO.	CEACED				0 0 1 7 1 1 1 1	TIGUE STONE	TE BLAD	
(Type or Print)	da GAYLOR					4, 1966	LED DEAD	5:25 P.
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	JNCED DEAD	4. USUAL RESID	INCE (Where of	deceosed lived. If ins B. CO	titution: residenc UNTY	e belare admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)			vn (II autside timore	corporate limits, writ	RUBAL and g	jive township)		
В.	ranklin Squar	e Hospi	tal	D. STREET ADD	WFa	give locotion) yette Stre	et	
5. SEX Female	6. RACE Colored	Wido WED,		Jan. 6.	1906	9. AGE (In years last by lay)	Months Day	Yr. II Under 24 Hrs.
done during most of	UPATION (Give kind of worl warking life, even if retired) S TIC	10B, KIND O	BUSINESS OR INDUST	Manual Ma	State or foreign		12. CITIZEN C	OF OUNTRY?
13. FATHER'S NAM		11s						
15. WAS DECEASE	ED EVER IN U.S. ARMED	FORCES?	16. SO CIAL	17. INFORMANT	nnie	Cornish	ADDRESS	
(Yes, no ar unknown) If yes, give war ar date	s of service)	SECURITY NO.	Togoni	ı Corni	sh Box	14 Mass	lors Ts.
DISEASES RISE TO TH UN DERLY!! OTHER SIG	ANTECENDENT CAUSE OR CONDITIONS, IF A IE ABOVE CAUSE (A) S' NG CONDITION LAST. II CHIFICANT CONDITIONS DEATH BUT NOT RE	S NY, GIVING TATING THE						
19A. DATE OF	F OPERATION 19B. CON WAS PER	DITION FOR	WHICH OPERATION	20A. AUTOPSY		20B. IF YES, WERE F		
O UNDERLYING	CAUSE WAS OR CONTRIB-	21 B. hame elc.)	PLACE OF INJURY (e.g., farm, facility, street,	, in or about 21C. V office bldg., INJURY	VHERE DID	f in Boltimore City, g	give exoct locati	on)
21D TIME OF INJURY (APPROX.)	(Month) (Doy) IYeo		TE. INJURY OCCURRED WHILE AT NOT	WHILE WORK	חנאו מומ WC	RY OCCUR?		
22. I cer	tify that I held on I	nquiry 🗌			d that on thi	s bosis, deoth In	my opinion	
resu	Ited from: Notural ca	uses X	Accident Suici	de Homici	de 🗌 U	ndetermined monr	ner 🗌	
ACTUA SIGNAT		e, h	- 3 - C M.	4.5010=411=41	EDICAL EX	AMINER A		DATE SIGNED
EXAMIN NAME (U. Spi	ta, M.D.	ASSOCIATE M	EDICAL EX	AMINER	July 5,	1966
23A. BURIAL CRE REMOVAL (Specif	MATION, 238. DATE	23	C. NAME of CEMETERY	or CREMATORY	23D. LC	CATION (City	y, town, ar coun	ty) (State)
Burial	1 7/10/	the state of the s	Smithvi	lle	Do	rchester	Co., N	ld.
Z4A, DATE REC'D	JUL 12 196	6 P.P.	of REGISTRAR Farburt	THE TOWNER	Libia L	2 Delin		dge, Md.
		45000		July	-uun	- Jacob		,

52/20 00 the state of the s



a hospital and

66	0	7	0	8	17	
00	U	-	U	0	-	

15. Was Deceased Ever in U. S. Armed Farces? (Yes, na ar unknawn) (II yes, give war ar dates of service)

BALTIMORE CITY HEALTH DEPARTMENT

	6363		1 -4	. 3	1	pony
	00	11	1	1 1	3	/
	00	1)	- 6	U	0	6
-			_			

ADDRESS

419 Merryman Lane

BIRTH NO. M.E. CASE NO	66 070	CERTIFICA	TE OF DEAT	H Registered Na.	66 07087		
1. NAME OF D (Type or Print)	ECEASED	C. Martin		TE AND HOUR OF DEATH	7:00 P. M.		
3. PLACE OF DEATH IN SALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION 419 Merryman Lane Baltimore, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE B. COUNTY Maryland C. CITY OR TOWN (If outside city limits, with RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 419 Merryman Lane				
done during most of working life, even if retired) Laborer Janitor		11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY					
13. FATHERS NAME Merrick Martin			14. MOTHER'S MAIDEN NAME Vina Durry				

18.4221	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) ARTENIOSCLANTE CANT. VAS.	34RS
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. If means the disease, injury or complication which caused death.)	DUE TO Disease	
ANTECEDENT CAUSES	DUE TO	~*** *********************************
DISEASES OR CONDITIONS, if any, giving		45
rise to the obove cause (A) stating the UNDERLYING CONDITION lost.	(C)	**************************************
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		

6. SOCIAL SECURITY NO. 17. INFORMANT

(Mrs)Louise Lopez

	ANTECEDENT CAUSES	DUE TO			
	DISEASES OR CONDITIONS, if any, girise to the obove cause (A) stating UNDERLYING CONDITION tost.				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in an hame, form, factory, street, affice etc.)		(If in Baltimare C	lity, give exact location)
MEDI	21D. TIME (Month) (Day) (Year) (Haur) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Wark Not While At Wark	21F. HOW DID INJU	JRY OCCUR?	
	22. I certify that (I) (this hospital) attend that (I) (we) last saw the deceased alive and haur and fram the causes stated above	an flely 86	1 66 and the		an death accurred an the de
	23A. SIGNATURE	M.D. Attendi	Med.	Staff Phys.	7-11-6 G
	23C. PHYSICIAN'S NAME (Type) MACI RICE L. K	dAMS M.D.	238 N. CX	iney St	Bolto, Mil.
244	A. BURIAL CREMATION, 248. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CREM	ATORY 24D, LC	CATION (City,	tawn, or county) (State)

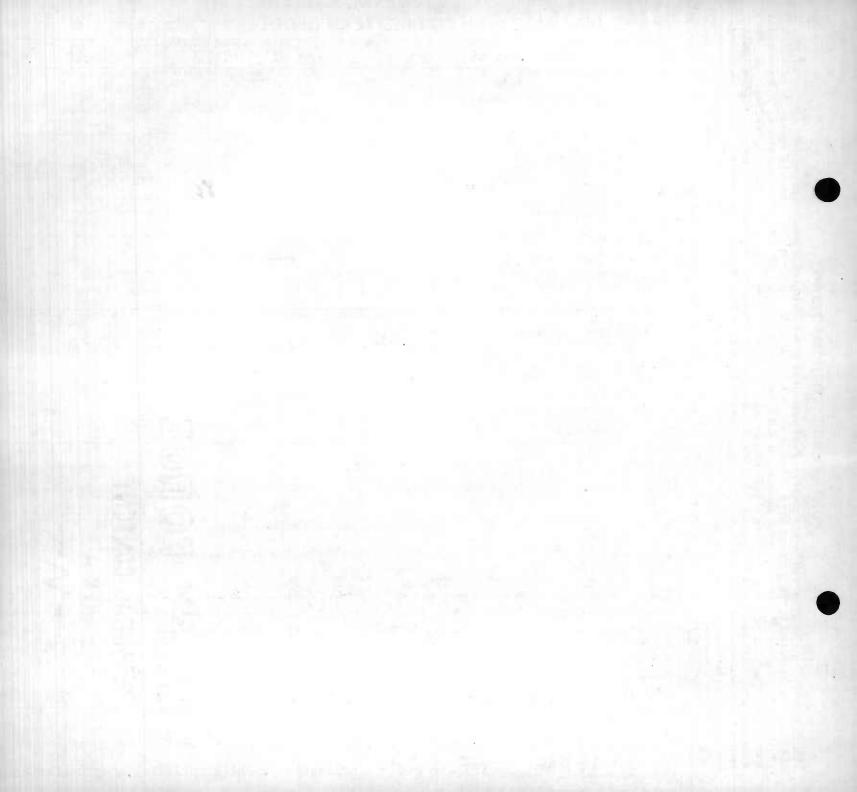
NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, tawn, ar caunty)

Cemetery Baltimore ADDRESS 2. Farburna

VS 150-REV. 1/1/65

JUL 12 1966

Arlington S. Phillips Monroe Street



IMPORTAN

DIRECTOR:

FUNERAL

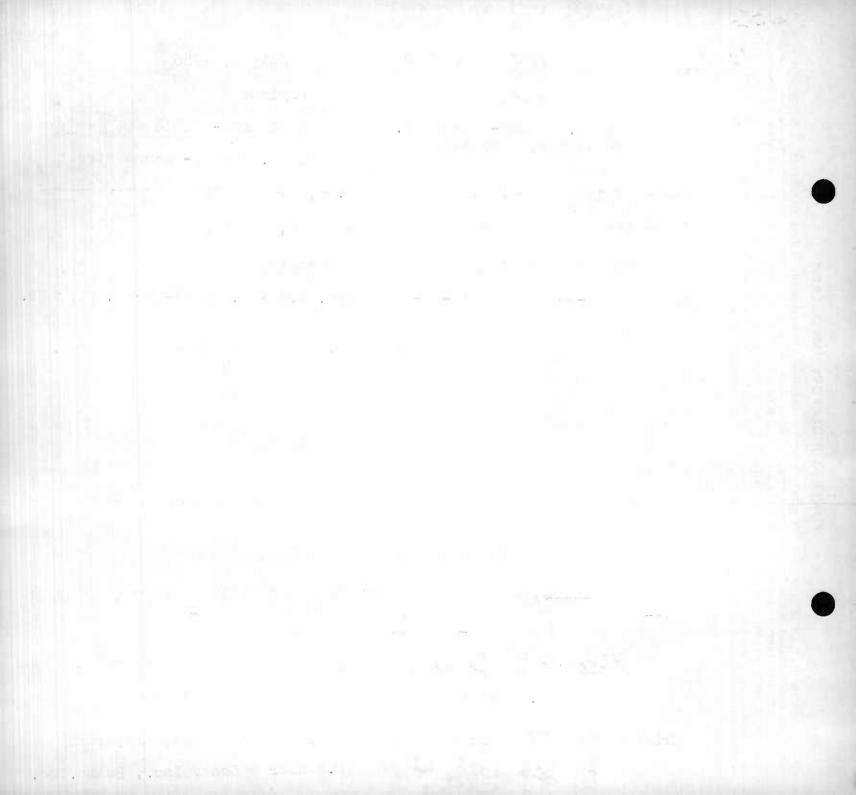
who branched one could be long it me? WALLS CO. Labrary Line Alle

IMPORTANT

DIRECTOR:

FUNERAL

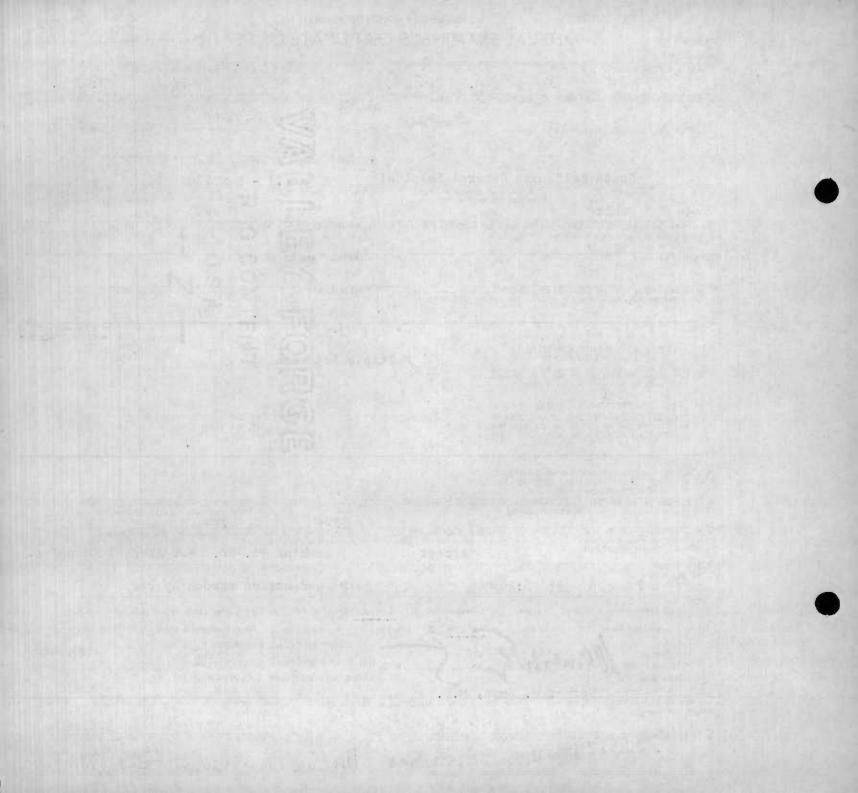
BALTIMORE CITY HEALTH DEPARTMENT



Strate Superiors

Chine from 4 thon p.

		7***	JICAL LA	AMII TER 5 C	LIXIII	CATEOND	L/A	100 1101	
-	E CASE NO.				17.65				
(Ťy	pe or Print)		T	O Davei a		2. DATE AND	HOUR PRONOUNC		E . /. E
				C. Davis			7/4		5:45 p.
3.	PLACE IN BALT	IMORE, MARYLAND,	WHERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY				
FU	LL NAME OF	(IF NOT IN HOSE	ITITZAL OR LATE	ITION CLVE STREET		South Car	olina		
HC	SPITAL OR	ADDRESS OR LO	CATION	JTON, GIVE STREET	C. CITY	OR TOWN (If outside	carparate limits, write	RURAL and	give township)
	111011014					Marion		1	21
					D. STREE	T ADDRESS (If rural, g	ive lacation)		
-		South Balti	imore Cen	eral Hospital		D4 - 1	D 720		
5.	EX	6. RACE		NEVER MARRIED	8. DATE	Rte.1 -	9. AGE (In years	If Under 1	Yr. If Under 24
			WIDO WED,	DIVORCED(specify)	0.07.112		last birthday)	Months Do	ys Hours M
	nale	white					30		
		JPATION (Give kind of warking life, even if retired		BUSINESS OR INDUSTR	Y 11. BIRTH	PLACE (State or foreign	country)	12. CITIZEN	OF COUNTRY?
	o doining most or	working me, even is remed							
13.	FATHER'S NAM	NE .			14. MOTH	ER'S MAIDEN NAME			
15.	WAS DECEASE	D EVER IN U.S. ARM	ED FORCES?	16. SOCIAL	17. INFOR	MANT		ADDRESS	
	Yes, no or unknown) (If yes, give wor ar dotes of service) SECURITY NO.							ALD KILLS	
	1B.	10 4		CAUSI	OF DEA	TH			TERVAL BETWEE
	DISTA	IF OR CONDITION	DIRECTLY					0	NSET AND DEA
	DISEA	SE OR CONDITION LEADING TO DEA	TH	Mul t	inle	injuries			
	(This daes i	not mean the mode asthenia, etc. It med	of dying e.g.,	DUE TO	P.1-C	111, 42 200			
b	injury ar co	mplication which cause	ed death.)					3.3	
		NITEGENIDENIT CAN							
		INTECENDENT CAU OR CONDITIONS, IF		(B)					
	RISE TO TH	E ABOVE CAUSE (A)	STATING THE	DUE TO				22.0	
_	UNDERLYIP	NG CONDITION LAS	т.	(C)					
Ó					************	***************************************	······		
AT	OTHER SIGI	II NIFICANT CONDITION	S CONTRIBILITIE	ıc				18	
E E	TO THE	DEATH BUT NOT	RELATED TO T						
CERTIFICATION	19A, DATE OF	R CONDITION CAUSE		WHICH OPERATION		LTOBOVO OV ALL MOS			
S	7		ERFORMED	WHICH OPERATION	20A. A	UTOPSY? (Yes at No) 20	CERTIFYING CAU		
ب	OLA EVTERNIA	CALLER WAS				yes	yes		23-0
Ü	UNDERLYING	CAUSE WAS	21 B.	PLACE OF INJURY (e.g., form, foctory, street,	in or about office bldg.,	INJURY OCCUR?	in Baltimare City, gi	ve exoct locol	tion)
EDIC	UTING L CAU	SE OF DEATH.	etc.)	street		Hawkins Pt.			
Σ	21D TIME	(Month) (Day) (Y	ear) (Hour) 2	E. INJURY OCCURRED		21F. HOW DID INJUR	Y OCCUR?		
1	(APPROX.)	7 4 66	5:10p v	HILE AT NOT	WHILE	pedestrian	struck by	car	
-		, 4 00	5:10p	ORK AT W	WHILE Y	pedescrian	Struck by	Car	
	22.	rify that I held an	Inquiry	Inspection Au	topsy x	ond that on this	bosis, deoth in m	y opinion	
	rosul	ted from: Notural	courses A	ecident 🖟 Suicid			determined monne		
	10301	1	.00303	Joicia Solicia					
	ACTUAL	11100 0	15	1.		IEF MEDICAL EXA			DATE SIGNED
1	SIGNAT		74.5	M.D	ASSIST	ANT MEDICAL EXA	MINER X		
	EXAMIN		V		ASSOCI	ATE MEDICAL EXA	MINER		
	NAME (MIKETIME		7/	5/66
	OVAL (Specil)		230	C. NAME OF CEMETERY	CREMAT	ORY 23D, LO	CATION (City,	town, or cour	nty) (State)
R	1.01.	7-7-	-100	DASE 111	11/6	MATTERN NI	OLONI SO	1001	Applala
24	UKIAL L. DATE REC'D	BY HEALTH DEPT.	248, NAME	DE REGISTRAP	1240	FUNERAL DIRECTOR	4151010,00	ADI	DRESS -
-7'	(JUL 12 1961	5000	0 7 0	F.1	O DIRECTOR	-	1000 X	OPK RD
		1000	Hobert	E. Jankuna	11/1	n. Conk Drook	SOMISMAL	TOW SO	NMD 217
VS	151-REV. 1/1/	65 \ /	0		1031	COIL OILDG	- 10,020,0	1000001	1 dia
		A	12						



FUNERAL DIRECTOR:

RGB

hospital

VS 150-REV. 1/1/65

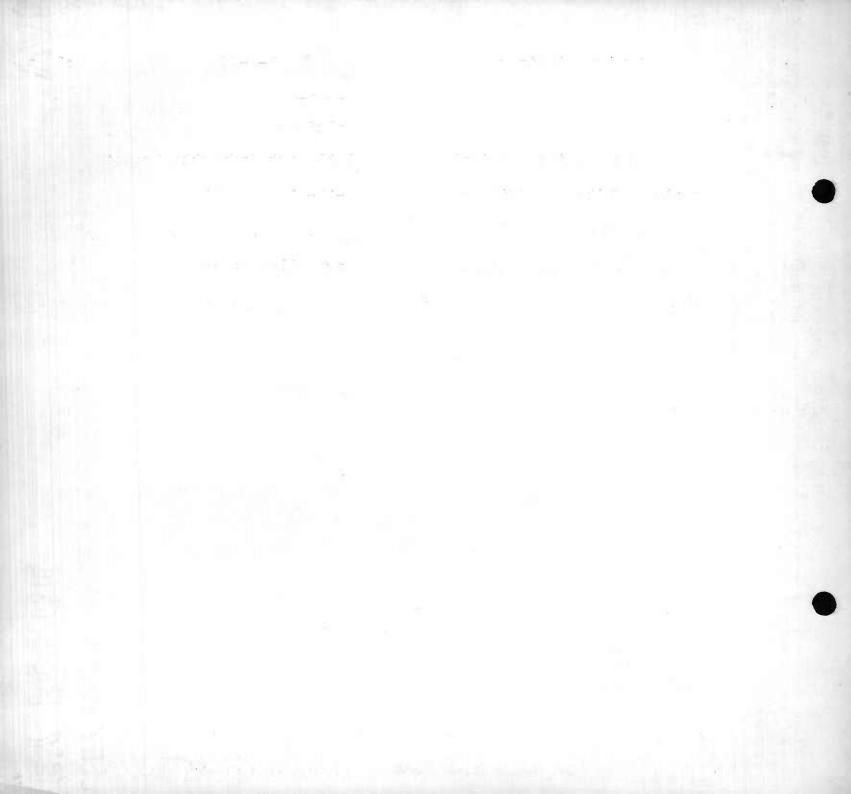
BALTIMORE CITY HEALTH DEPARTMENT

Control Lagrand Control

K.V. STEEL B

DIRECTOR:

FUNERAL



	66	17090		BALTIMORE CITY HEAL					01000
BIR	TH NO.	MEDI	ICAL EX	XAMINER'S CI	ERTIFICATE	OF D	EATH Register	ed No	
M.	E. CASE NO.								
1. (Ty	NAME OF DEC	CEASED			2. 0	PATE AND	HOUR PRONOUNCE		
				William Lee			7/11/66		9:55 p.
3. 1	PLACE IN BALT	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENC	E (Where d	eceased lived. If insti B, COU	tution: resid	dence before odmission
FU	L NAME OF	(IF NOT IN HOSPITA	AL OR INSTIT	UTION, GIVE STREET	Ma:	ryland	1_		
HO	LL NAME OF	ADDRESS OR LOCA	TION)	011011, 0112 0112	C. CITY OR TOWN	(if autside	carporote limits, write	RURAL a	nd give tawnship)
-					Bal-	timore) (77
12					D. STREET ADDRESS	(If rural, s	give locotian)		
Q		University Ho	ospital		41	N. Ca	therine St		
5. 5	EX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	42	9. AGE (In years lost birthday)		1 Yr. If Under 24 H Days Haurs Mir
1	male	colored	-	ngle	Aug 11.	1912	23		- 1
10A	USUAL OCC	UPATION (Give kind of wark		F BUSINESS OR INDUSTRY		or fareign	cauntry)	12. CITIZI	EN OF
dan	e during most of	working life, even if retired)			Sumter S. C	3.		WHA.	S.A.
13.	FATHER'S NAM	A E			14. MOTHER'S MAIDE	N NAME			
	Eugene	Teo			Lue Este	er Jul	ius		
15.		D EVER IN U.S. ARMED	FORCES?	16. SO CIAL	17. INFORMANT			ADDRESS	3
(Ye	No ar unknawn	(If yes, give wor ar date	es of service)	SECURITY NO.				0.41.	04
	18.	, ,		P15-40-6687	Mrs. Lue	Ester	Lee, 41 N.	Cathe	INTERVAL BETWEEN
NO	(This daes heart failure, injury ar ca DISEASES RISE TO TH	SE OR CONDITION DI LEADING TO DEATH not mean the mode of , asthenia, etc. II meons mplication which caused ANTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) ST NG CONDITION LAST.	dying e.g., the disease, deoth.) S NY, GIVING	CUE TO	shot wound	of neo	ek		
CERTIFICATION	TO THE	II NIFICANT CONDITIONS DEATH BUT NOT REI R CONDITION CAUSING	LATED TO						· • • • • • • • • • • • • • • • • • • •
CER	21	OPERATION 198. CON WAS PER		WHICH OPERATION	yes		OB. IF YES, WERE FIND CAUS		
EDICA	UNDERLYING	L CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. ham etc.)	PLACE OF INJURY (e.g., e, farm, foctory, street, c Street	fice bldg., INJURY OC	CUR?	in Baltimare City, give. Paca St.	re exact la	acation)
Σ	21 D TIME	(Manth) (Day) (Year	r) (Haur)	21E. INJURY OCCURRED	21F. HOW	DID INJUI	RY OCCUR?	4-11-	
	(APPROX.)	7 11 66 9	:19 p.	WHILE AT NOT	WHILE K shot	while	attempting	to s	teal car
		tify that I held on I		_		_	bosis, deoth In m		n
	resul	ted from: Natural co	uses	Accident () Suicld			ndetermined monne	r	
	ACTUA	URE JUNE	e h	tz, M.D. M.D.	ASSISTANT MEDI	CAL EXA	AMINER X	7	DATE SIGNED
	EXAMIN NAME (o. opr	, /	ASSOCIATE MEDI	CAL LA			
	BURIAL CRE	MATION, 238 DATE	2:	C. NAME OF CEMETERY	CREMATORY	23D. LO	CATION (City,	tawn, or o	caunty) (Stote)
	Burial	7- 15-	- 66	Carver Mem. H			altimore, M	arylar	
24	DATE BECID	DY MEALTH DEDT	DAD STABLE	OF BECHETRAR	24C FUNEDAL P	MECTOR		-	DDDESS

Charles R. Law 802 Madison Ave.

AND THE RESIDENCE OF THE PARTY THE WALL TO SEE THE WARRENCE OF THE STATE OF - Steen Deserted in the Control of t and maribal SE and President Control

	66 07096	BALTIMORE CITY HEA			66 0709				
BIR	TH NO. MEDI	CAL EXAMINER'S C	CERTIFICATE OF D	EATH Registered No	0				
	E CASE NO.								
(Tv	NAME OF DECEASED pe or Print)		2. DATE AND	HOUR PRONOUNCED DEA	ND.				
'		est Stewart		7/11/66	19:45 p. M				
3.	PLACE IN BALTIMORE, MARYLAND, WE	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where of Maryland	deceased lived. If institution: B. COUNTY					
HC	LL NAME OF (IF NOT IN HOSPITA ADDRESS OR LOCA INTUITION	L OR INSTITUTION, GIVE STREET TION)	C. CITY OR TOWN (If outside	corporate limits, write RURAI	L and give township)				
1			Baltimor D. STREET ADDRESS (If ruro),		91				
	Provident	Hospital		Woodyear St.					
5.		7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years If Un	nder 1 Yr. If Under 24 Hr				
	male colored	WIDOWED, DIVORCED (specily) Single	May 3, 1943	23	hs Days Haurs Min.				
	USUAL OCCUPATION (Give kind of work	TOB. KIND OF BUSINESS OR INDUSTI		country) 12. Cl	TIZEN OF				
don	e during most of working life, even if retired)		Trenton Tenr	nessee U.	HAT COUNTRY?				
13.	FATHER'S NAME	SHARMAN	14. MOTHER'S MAIDEN NAME						
П	Columbus Stueart		Helen Cathey						
15. (Ye	Columbia Stueart. WAS DECEASED EVER IN U.S. ARMED s, na or unknown),(If yes, give war or dotes	FORCES? 16. SO CIAL SECURITY NO.	17. INFORMANT	ADDR	ESS				
1	yes, give not of doles	3500007	Sander Funera Ho	ome Humbolt Te	nn.				
	118.	CALLS	E OF DEATH	the, manore re	INTERVAL BETWEEN				
	Z70/X1		or brain		ONSET AND DEATH				
	DISEASE OR CONDITION DIR	ECTLY	ot wound of head						
			ot would of head						
	(This does not meen the mode of heart foilure, osthenio, etc. It meens injury or complication which caused d	the diseose,							
	ANTECENDENT CAUSE								
	DISEASES OR CONDITIONS, IF A	NY, GIVING DUE TO							
7	UNDERLYING CONDITION LAST.	(C)							
Ó									
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING	ATED TO THE							
ERT	19A. DATE OF OPERATION 19B. CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINDING!	CONSIDERED				
ū	WAS PERF			IN CERTIFYING CAUSES OF					
CAL	21 A. EXTERNAL CAUSE WAS	21B. PLACE OF INJURY (e.g.	in ar about 21C. WHERE DID	f in Boltimore City, give exoc	t lacotian)				
EDIC	UTING CAUSE OF DEATH.	etc.) alley	office bldg., INJURY OCCUR?	1 N. Woodyear S	St.				
Σ	21D TIME (Month) (Doy) (Year)								
	OF INJURY 7 11 66 9:15 p. WHILE AT NOT WHILE TO Shot following altercation AT WORK SHOT WORK								
	22. I certify that I held an Ir	nquiry Inspection A	utapsy x and that an this	s basis, death in my apln	ilon				
	resulted fram: Natural cau			ndetermined manner					
	,		CHIEF MEDICAL EX	AMINER					
	ACTUAL / De gran	2 h. 7 -/	ASSISTANT MEDICAL EX		DATE SIGNED				
	EXAMINER'S Werner	U. Spitz M.D.	ASSOCIATE MEDICAL EX		/12/66				
23	NAME (Type)	23C. NAME OF CEMETERY		OCATION (City, town,					
	AOVAL (Canifu)	23C. NAME OF CEMETER	OF CREMATORT 230. LC	CATION (City, town,	or county) (State)				

Trenton Teenessee ADDRESS

Burial 7-17-66 Trenton Cemetery 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR VS 151-REV. 1/1/65 N 8 5 6 4 Tarbenta

Sander Funeral Home, Humbolt Tennessee

the based bistory and for any restain and pay

DIRECTOR:

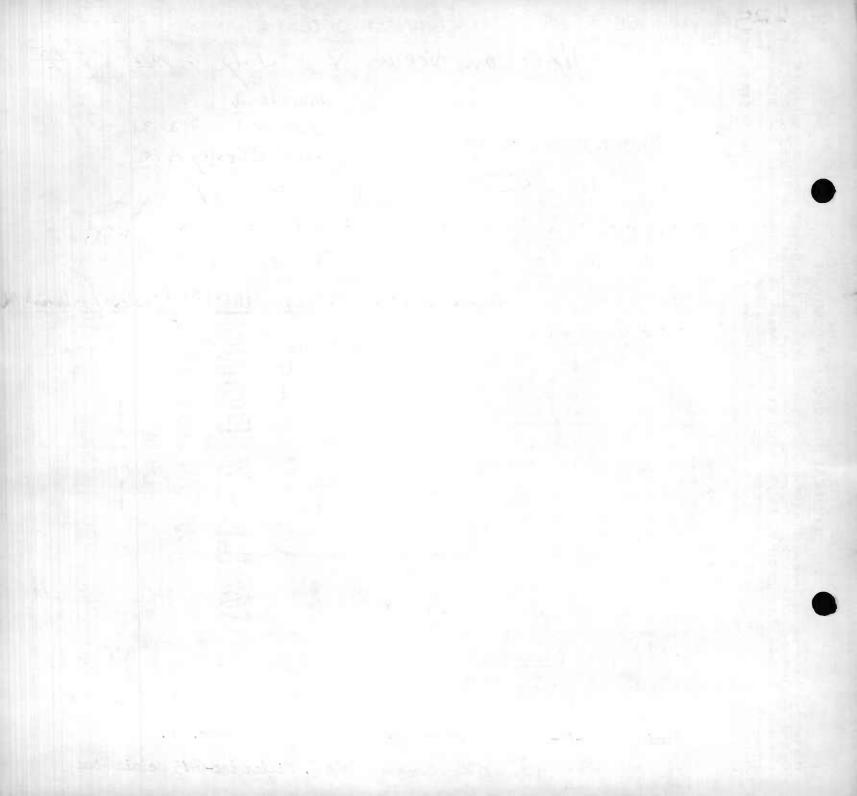
FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

2.1,000

DIRECTOR:

FUNERAL



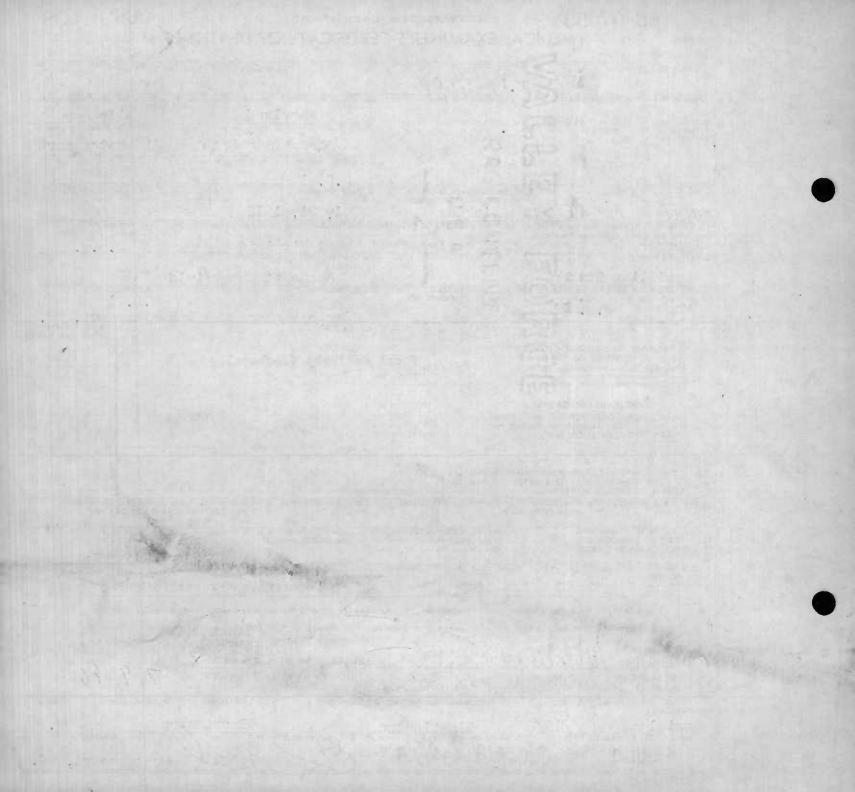
248. NAME OF REGISTRAF

VS 151-REV. 1/1/65

24C. EUNERAL DIRECTOR

ADDRESS

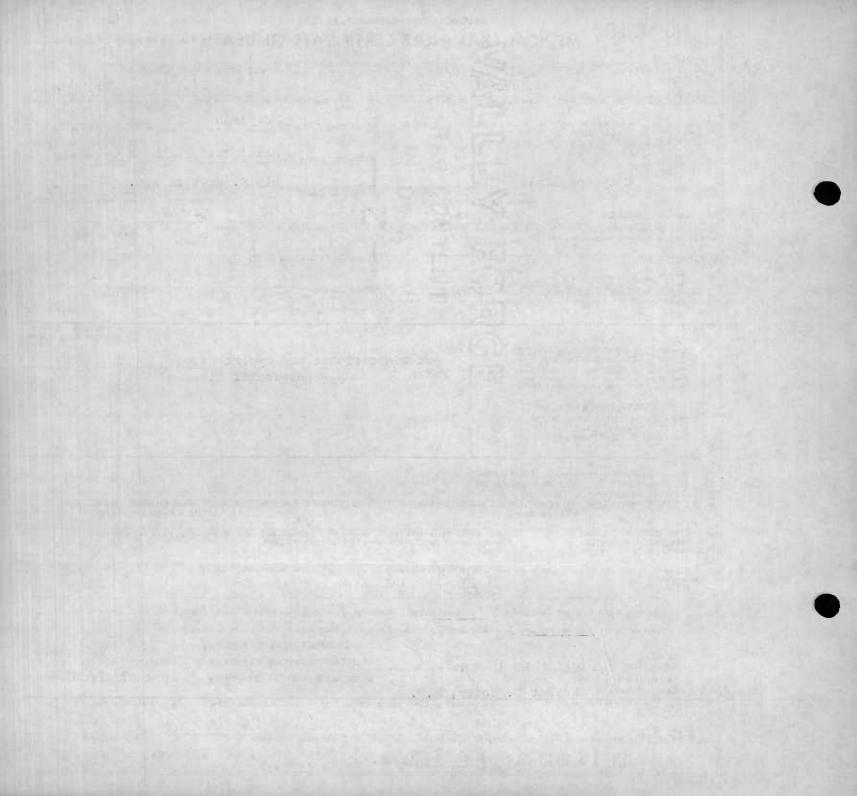
Westernport.



66 07100

U	Name .	1.	_	1
~		6	0	0

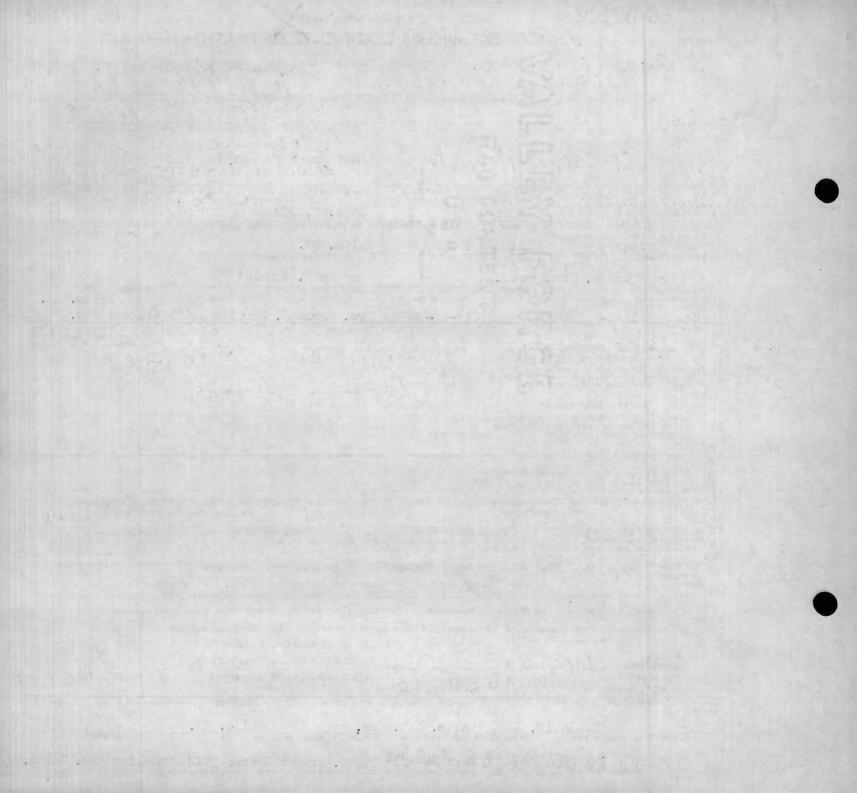
	H NO.	MEDI	CAL EXAMINER'S CI	ERTIFICATE OF I	DEATH Registered N	0,		
-	CASE NO.							
(Typ	AME OF DE		VICHOLAI	2. DATE AND HOUR PRONOUNCED DEAD				
			Niculae Urian	7/11/66 4:00 p. _{M.}				
3. P	LACE IN BAL	TIMORE, MARYLAND, WI	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceosed lived. If institution: 8. COUNTY	residence before odmission)		
		HE NOT IN HOCHTA	AL OR INICITITION CIVE CIRET	Maryland				
HO	L NAME OF	ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (If outside	e corporote limits, write RURA	L ond give township)		
INS	TUTION			Dol+	dmana	11-07		
1				D. STREET ADDRESS (If rurol,	imore	to be for		
		014 77 14						
5. S	FV	City Hospita		B. DATE OF BIRTH	9. AGE (In years, If U	Inder 1 Yr. If Under 24 Hrs.		
3. 3	EA.	o. KACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	1) 1 1000		ths Doys Hours Min.		
	male	white	Widowed	Nec. 6, 1893	76 73			
			TOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig		TIZEN OF		
done	during most of	working life, even if retired)	Company of the control of the	(A)		VHAT COUNTRY?		
13. F	ATHER'S NAM	A E		14. MOTHER'S MAIDEN NAMI		11.0.01		
	4	7/	,					
	Mea	rge U	uan					
		DEVER IN U.S. ARMED		17. INFORMANT	ADD ADD	RESS		
	,	, , co, g c	213-07-0871	Son 6 mil	1 Sames a	es alionel		
	18.			OF PEATIL	- Guna	INTERVAL BETWEEN		
	44	3 X I	CAUSE	OF DEATH		ONSET AND DEATH		
	DISEA	SE OR CONDITION DI	RECTLY					
	(This does	LEADING TO DEATH	Arterios	sclerotic and hyp				
	heort foilure	not meon the mode of , osthenio, etc. It meons	the disease,	cardiovascul	ar disease	III PERSONAL PROPERTY.		
	injury or co	mplication which caused a	deofn.)					
		ANTECENDENT CAUSE	S					
	DISEASES	OR CONDITIONS, IF A	NY, GIVING (8)		0.000			
		IE ABOVE CAUSE (A) ST NG CONDITION LAST.	TATING THE					
z			(C)					
9								
X	OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING					
문		R CONDITION CAUSING			0m m0 00 00 00 00 00 00 00 00 00 00 00 0			
ERTIFICATION			DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.)	20B, IF YES, WERE FINDING	S CONSIDERED		
C	453	WAS PERF		no	IN CERTIFYING CAUSES OF			
7	21A EXTERNA	L CAUSE WAS	218 PLACE OF INILIPY (a.c.	in or obout 21 C. WHERE DID	(If in Rollimore City sive ove	est lesstine)		
O	UNDERLYING	OR CONTRIB-	home, form, foctory, street, o	ffice bldg. INJURY OCCUR?	in in sommore way, give exc	C1 10CONOM		
ш	UTING L CAL	ISE OF DEATH.	etc.)					
Σ	21 D TIME	(Month) (Doy) (Year	Hour) 21E, INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?			
	OF INJURY (APPROX.)		WHILE AT NOT	WHILE				
			m. WORK L AT W	ORK L				
	22.	tify that I held on Ir	nquiry Inspection X Aut	opsy ond that on thi	is bosis, deoth in my opi	inion		
		Ited from: Natural cou						
	resu	ired from: Natural Col	Aceteri Joicia		Indetermined monner			
	ACTUA	. 1.1 Da .	16/	CHIEF MEDICAL EX		DATE SIGNED		
	SIGNAT		7 17 S (M.D.	ASSISTANT MEDICAL EX	AMINER X			
	EXAMI	1717		ASSOCIATE MEDICAL EX		7/12/66		
	NAME (er U. Spitz, M.D.					
	BURIAL CRI	MATION, 23B. DATE	23C. NAME OF CEMETERY	CREMATORY 23 D. L	OCATION (City, town,	or county) (Stotel		
REA	NOVAL (Specia	y) -1-1	11014	11 + /	206 1	h.		
0	uria	7/13/6	66 Var danin	remelly 1	west, Co.	ma.		
244	. DATE REC'D	BY HEALTH DEPT.	24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	1	ADDRESS		
		1111 1 3 1966	Robert E. Farkuna	11 000 1	. 300 Mac	Jeve,		
			Volum C. Taronia	Jonnebuy &	ono Ba	10, 21		
	151-DEV 1/1	115		// 1		37		



F pro Z = 42

G. Truman Schwab 3512 Frederick Ave. Balto.

	00 0	1100		ALTIMORE CITY HEAL			00 57102		
BIRT	H NO.	MEDI	CAL EX	AMINER'S C	ERTIFICATE	OF DEATH Regist	tered No.		
	CASE NO.								
1. N (Typ	AME OF DECEAS	Danie	e s	traitz	2,	July 9/66	CED DEAD 4-30 DA		
3. P	LACE IN BALTIMO	DRE, MARYLAND, WH	IERE PRONOU	NCED DEAD	4. USUAL RESIDEN	EE (Where deceosed lived. If in B. CO	stitution: residence before dmission		
FUL HOS INST	L NAME OF SPITAL OR STUTION	ADDRESS OR LOCAT	TON)	, ,	c. city or town	Officer corporate limits, with	ite RURAL and give township)		
10) [it Afne	s Ho	yntal	D. STREET ADDRES	(If rutal, pixe (acquion)	5 Avenue		
5. \$	EX / 6. R			NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	s If Under 1 Yr. If Under 24 Hrs		
1	Male 1	While	Married		Sept. 7,	1922 43			
		TION (Give kind af wark ing life, even if retired)	IOB, KIND OF	BUSINESS OR INDUSTR	111. BIRTHPLACE (Sto	te ar fareign cauntry)	12. CITIZEN OF WHAT COUNTRY?		
TI	ruck Drive		Liquors	Truck	Balto. Md.	DEN NAME			
	Freder	ick G. Strai	tz Sr.		Martha E.	Schmidt			
15, V (Yes,	na or unknawn) (If	VER IN U.S. ARMED yes, give wor ar dates	fORCES? af service)	16. SOCIAL SECURITY NO.	17. INFORMANT		Balto. Md.		
	Yes 1	942- 1945		213-18-9685	Mrs. Marie	J. Straitz 4101	. Wilkens Ave.		
	1B. 4	/ :		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH		
	, , , , , , , , , , , , , , , , , , , ,								
	OTTENIOS CLES OTO CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. 11 means the disease, injury or complication which caused death.) (A) OTTENIOS CLES OTTE CONCLOSED (A) OTTENIOS CLES OTTE CONCLOSED (A) OTTENIOS CLES								
	heart foilure, ost injury or compli	(This daes not mean the made of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which caused death.)							
	ANT	ECENDENT CAUSES		Va	, cucy	Croscock			
	DISEASES OR	CONDITIONS, IF AN	Y, GIVING	(B) DUE TO					
	UNDERLYING	BOVE CAUSE (A) STA	ATING THE						
Z.		Charles Con-		(C)			***************************************		
ERTIFICATION	TO THE DE	ii CANT CONDITIONS C ATH BUT NOT REL ONDITION CAUSING	ATED TO TH						
R	19A. DATE OF OP	ERATION 198. CONE	TION FOR V	HICH OPERATION	20A. AUTOPSY?	Yes or No) 20B. IF YES, WERE			
ō	21	WAS PERF			Yes	IN CERTIFYING CA	Chen T		
EDIC	21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exoct lacation) hame, farm, factory, street, affice bdg., INJURY OCCUR? UTING CAUSE OF DEATH,								
	OF INJURY (APPROX.)	Nonth) (Doy) (Year)		HILE AT NOT	21 F. HOW	DID INJURY OCCUR?			
	22.		m. W		ORK				
	I certify that I held on Inquiry Inspection Autopsy ond that on this basis, death in my opinion								
	resulted	from: Notural cou	ses A	ccident Suicid			ner		
	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED								
	EXAMINER NAME (Typ	's WFR	NER U.	SPITZ - PI. D.		DICAL EXAMINER	7,10,66		
	BURIAL CREMA		230	NAME of CEMETERY	OF CREMATORY	23D. LOCATION (Ci	ty, tawn, or county) (State)		
	Burial	July 13		Balto. Nat.		Balto. Nd.			
24A	. DATE REC'D BY	HEALTH DEPT.	248, NAME	OF REGISTRAR	24C. FUNERAL	DIRECTOR	ADDRESS		



66 07103 66 07103 CERTIFICATE OF DEATH Registered No. BIRTH NO. 2. DATE AND HOUR OF DEATH RESIDENCE (Where deceesed lived, If institution; residence before (If autside city limits, write RURAL and give tewnship) If Under 1 Yr. Months: Days If Under 24 Hrs. Heurs 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS Ina England 2233 Firethorn Rd. Balto. 20 Md. INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Beltimere City, give exect tecation) 6....ond that in (my) (our) apinion death occurred an the date 23B DATE SIGNED eceased (City, town, or county) (State) M ds 25A. DATE REC'D HY 0 James E. Bruzdzinski 1407 Eastern Ave VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

Live more lates instruction for subd whomas int ranch to the .10 sensi tele Mar 23 - 25 71 the of . offell footble adox21 conA Dreid's product TARREST IN THE STATE OF THE PROPERTY OF THE STATE OF THE

the street was a sent fed to some the stand of the

The restant to 1 The Peterson is possible at a late

VS 151-REV. 1/1/65

24A. DATE REC'D BY HEALTH DEPT.

Barial

248, NAME OF REGISTRAR

24C. FUNERAL DIRECTOR HILL, 1317 WEST NORTH AVE

Baltimore, Maryland

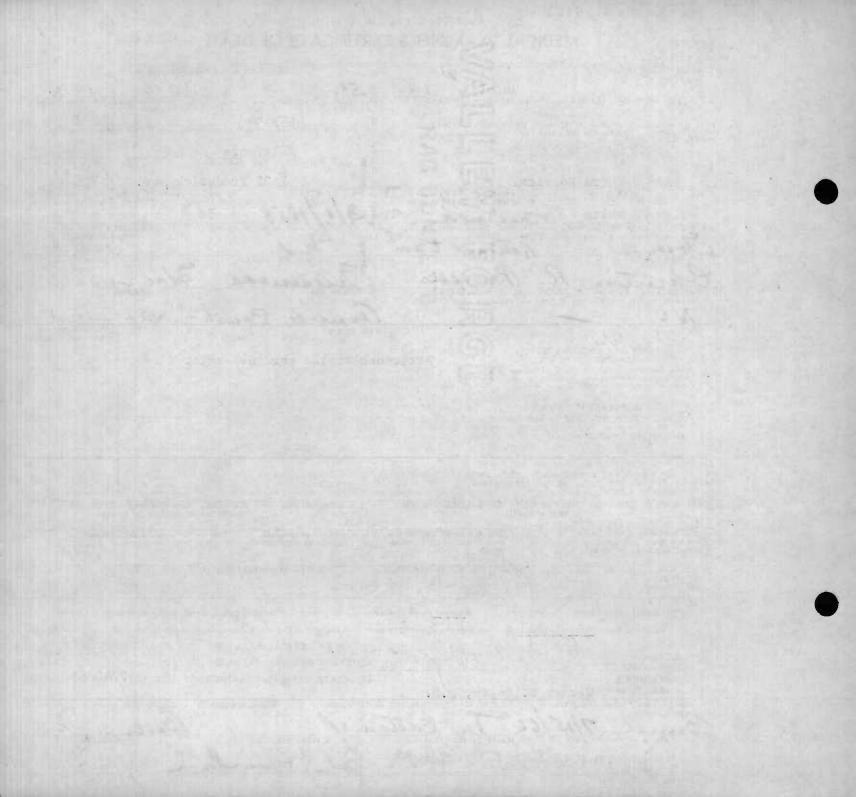
Baltimore, Maryland

The same of the sa Marter to Japane

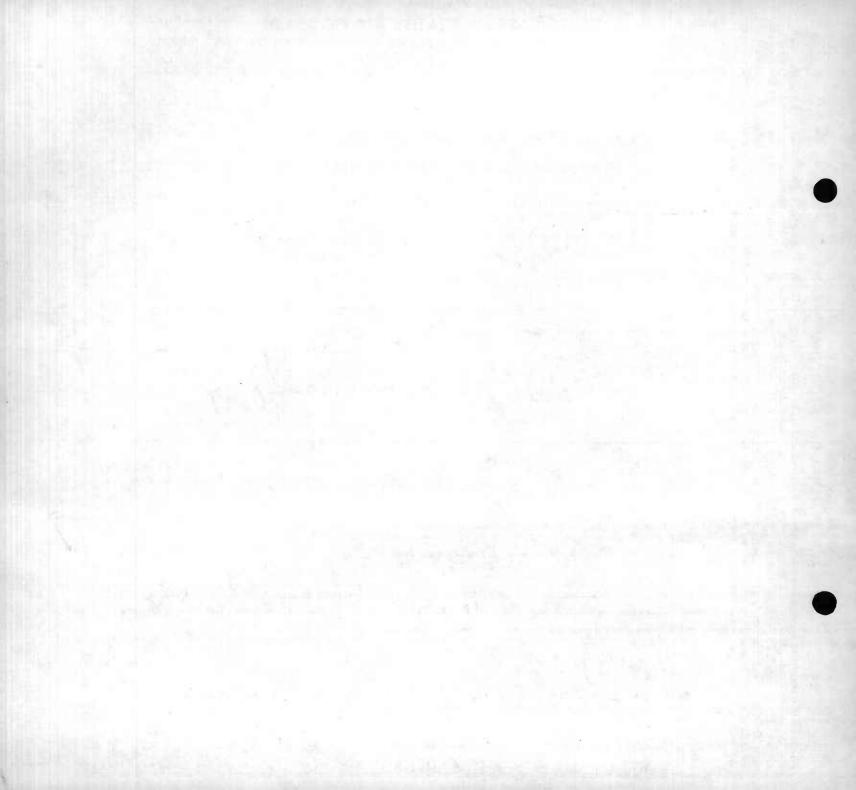
3-200 BIRTH I

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E. CASE	NO.		771201		, the text of the			DEATH WOSIDIO		
1. NAME	OF DECI	EASED			W.		2. DATE AN	ND HOUR PRONOUNC	ED DEAD	
(Type or Pr	int)			Rudo1		SR.		7/12/	66	9:40 a. M.
3. PLACE I	N BALTI	MORE MAR	YLAND, WI		INCED DEAD	4. USUAL RESI	DENCE (Where	deceosed lived. If inst		
						A. STATE	Maryla		NTY	
FULL NAM	OR	ADDRES!	IN HOSPITA	L OR INSTITUTION)	TION, GIVE STREET	C. CITY OR TO	OWN (If outsi	de corporate limits, write	RURAL or	nd give township)
OITUTITZNI	N) m.	est
1						D. STREET ADI	Balti		70	-04
4						D. SIREEL ADI				11
		ecours	Hospi					Frederick A		(23).
5. SEX	6	. RACE			NEVER MARRIED DIVORCED(specify)	B. DATE OF BIR	TH	9. AGE (In years lost birthdoy)	Months,	1 Yr. If Under 24 Hrs. Doys Hours Min.
mal	e	white		maria	wed	3/1/	1888	78		
					BUSINESS OR INDUST	RY 11. BIRTHPLACE	(State or forei	gn country)	12. CITIZE	
1		orking life, eve	n if refired)	11.0	ist toan	9	7 1		WHA	COUNTRY?
13. FATHER	SNAME			1 ans	4) 0010	14. MOTHER'S	MAIDEN NAM	\E	1 6	(0.11.
101	1	my "	12	B	2. 1.	7.	1	1. 21		
15 WAS D	1 LC	EVER IN U	SAPAGE	FORCES?	16. SO CIAL	17. INFORMANT	serie.	rai YYO	ADDRESS	mann
		If yes, give			SECURITY NO.	OKN ANT			Y D D KE 22	7.
N	0	ILL TRE				(bur. D)	11 5	Baenel - 20	122	Trekerch for
18.	110	71			CAUS	E OF DEATH				INTERVAL BETWEEN
	DISEASE	00.50	OLTION: DIE	CTIV						ONSET AND DEATH
		E OR CONI LEADING 1		ECILY	Arteri	oscleroti	c cardi	ovascular di	sease	
(This	does no	t meon the	mode of	dying, e.g.,	DUE TO					******************
injun	y or com	plication whi	ch coused d	the diseose, leoth.)						
	4.6	ITECENDEN	IT CALISE							
DISE	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUF TO								***************************************	
RISE	TO THE	ABOVE CA	USE (A) ST.		DUE TO					
	DERLYIN	G CONDITI	ON LAST.		(C)					
<u>ō</u>		11	-		10//					
₹ OTH	ER SIGN	IFICANT CO		CONTRIBUTION	ıG				4.5	
E TO	THE D	EATH BUT	NOT REL	ATED TO T	HE				1	
l-ma		OPERATION			WHICH OPERATION	120A AUTORS	V2 (Von at Na)	20 B. IF YES, WERE FIR	IDINGS 6	ONCIDERD
S	A11. 01	OI ERA IIOI4	WAS PERF		WHICH OFERATION		if thes or No.	IN CERTIFYING CAUS		
10	TERNAL	CAUSE WA	2	218	NACE OF INITIDY	no	WHERE DID	Alf ' D Iv		
UNDER	LYING	OR CONTRIB	! -	home,	form, foctory, street,	office bldg., INJU	RY OCCUR?	ut in Boltimore City, gi	re exoct lo	collon?
UNDER	CAUS	E OF DEATH	•	etc.)						
210 11	ME	(Month) (E	oy) (Year)	(Hour) 2	E. INJURY OCCURRED	21 F. H	OW DID INJ	URY OCCUR?	-	
OF INJ	OKT			W	HILE AT NOT	WHILE				
22.				m. W	ORK L AT	WORK				
	I certi	fy that I he	ild an In	quiry	Inspection X A	utapsy 🗌 ar	nd that an th	is basis, death in n	y apinlor	1
	resulte	ed fram: N	atural cau	ses X A	ccident Suich	Homic	ide 🗌	Undetermined manne	er 🗍	
			11100	1	127	/ _		XAMINER [
A	CTUAL		1/1 /1	mu	11-7mt					DATE SIGNED
	GNATU		10		J. M. I	ASSISTANT A			-7	110166
	XAMINE				1/2	ASSOCIATE	MEDICAL E	XAMINER	11	12/66
23A, BURIA	AME (T		erner B. DATE	U. Spit		CDEAL ATOM	1000	000000		
REMOVAL			DAIL	1 230	. NAME of CEMETERY	or CREMATORY	230. 1	LOCATION (City,	town, or c	(Stote)
150	1111	2 7	115/	66	low Bully	edial	- 9-	13	of.	a red
24A. DATE		Y HEALTH		24B. NAME	OF REGISTRAR		RAL DIRECTO	R	A	DDRESS
		. 40	ince 6	ORI	a Fallma	0	10	00		3/ 1
	Jl	17 13	ו מסצו	blead.	2. Farluma	John	1. Gra	an afor the	901	· Hellens L
VS 151-RE						0 1			1/2	alt 23 des
									100	m > 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0



FUNERAL DIRECTOR:



M-640	BIRTH NO. BALTIMORE CITY HEALTH DEPARTMENT 66 U7107 BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.
	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) WILLIAM J. MAYERLE 2. Date and hour pronounced dead July 7, 1966 44:40 A
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION 4. USUAL RESIDENCE (Where deceased lived, H institution: residence before admission) A. STATE ILlinois C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chicago
3	Church Home and Hospital Church Home and Hospital D. STREET ADDRESS (If rurol, give location) 1412 W. Jackson Street
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED White Male White DVORCED JULY 15.1929 9. AGE (In years lost pirhday) Months Days Hours Min. JULY 15.1929 36-97 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) MARITINESERVICE KEEWATIN. MINN. 13. FATHER'S NAME JOSEPH MAYERLE 14. MOTHER'S MAIDEN NAME FREDA LOBE
	JOSEPH MAYERLE TREDA LOBE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give was or dates of service) 16. SOCIAL SECURITY NO. Doughenty Juneral Home - HIBBING, Min
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foliure, ostherio, etc It means the disease, injury or complication which caused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION Yes 1 No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes 10 THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION FOR WHICH OPERATION 20B. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes 1 UNING CAUSE WAS LOUIS WAS PERFORMED 10 NOT OBOUT 11 NOT OBOUT 12 NOT OBOUT 12 NOT OBOUT 13 NOT OBOUT 14 NOT OBOUT 15 NOT OB
	21D TIME (Manth) (Day) (Yea) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (APPROX.) 7 7 66 A m. WHILE AT NOT WHILE AT HOUSE fire. 22. 1 certify that I held an Inquiry Inspection Autopsy and that an this basis, death in my opinion resulted fram: Natural causes Accident Societe Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 7/7/66 NAME (Type) Charles S. Petty, M.D. 21F. HOW DID INJURY OCCUR? House fire. 21F. HOW DID INJURY OCCUR? House fire. 21F. HOW DID INJURY OCCUR? House fire. 21F. HOW DID INJURY OCCUR? AT WORK HOUSE FIRE HOUSE FIRE ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL
	NAME (Type) Charles S. Petty, M.D. 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY - CREMATORY 23D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) T1366 HIBBING PARK HIBBING, MINNESOTA. 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS JUL 13 1966 Robert E. Farberta Howard H. Hubbard - Baltimore.

Altievet and 4th 5 th 1 about 19 a through 10 th 1 about Alti BEON WORKS TO STATE OF THE STAT A PARAMETER HERE THE HERE THE TANK OF motoris femile HAD I HAD BEEN BUSINESS

01 1.00



And the state of t

of the second liebury of the second second described

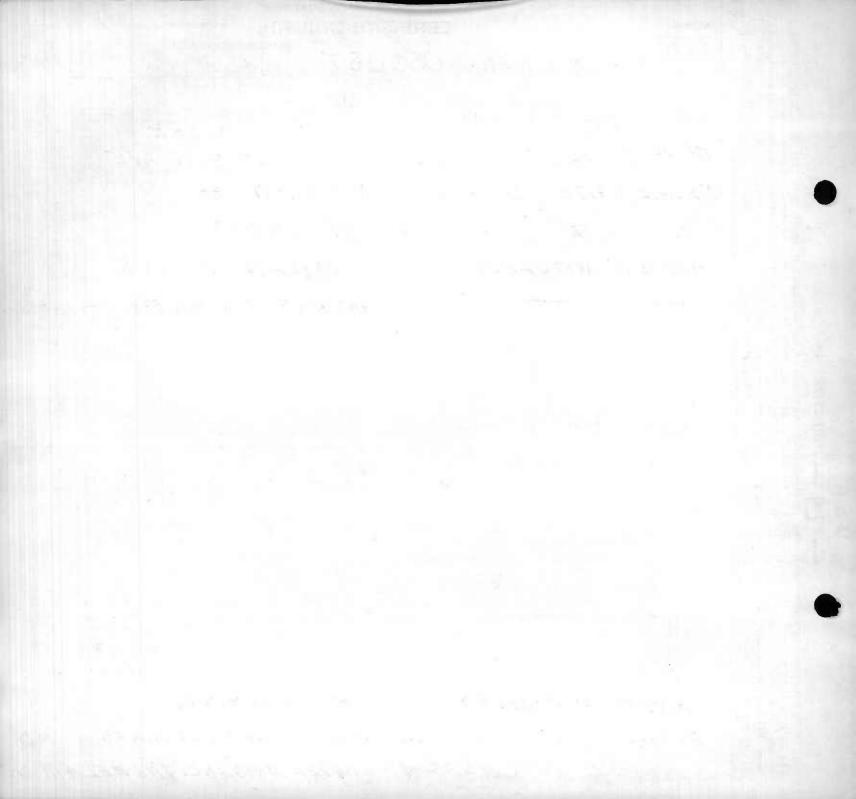
IMPORTANT

FUNERAL DIRECTOR:

			Y HEALTH DEPARTMENT		66 07109
BIRTH NO.	66 07109	CERTIFICA	ATE OF DEATH	Registered No.	00 57103
M.E. CASE NO.	CED			ND HOUR OF DEATH	
T 0.1.4		OWALCHUK		10-66	4.15 0
PLACE OF DEAT	ETTIEZ.K	AND			nstitution; residence before admission
		7	A. STATE B. COUN	ITY	3.000
FULL NAME OF	(If not in hospital or in	nstitution, give street	Maryland		
INSTITUTION	oddress or location)		C. CITY OR TOWN (If ou		RURAL and give township!
1			Baltimor		1-05
O Chi	erch Home &	Hospital		rurol, give location)	
On	or home or	1671.	2118 E.	Lombard	st.
. SEX 6.	RACE 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours! Min.
F	W	Married (specify)	3-11-97	lost birthdoy)	Months Doys Hours Min.
OA. USUAL OCCUP	ATION (Give kind of work 10B	KIND OF BUSINESS OR INDUSTR		ign country)	12. CITIZEN OF
one during most of wo	rking life, even if retired)		0		WHAT COUNTRY?
HOUSE	WIFE		Russia		USA
3. FATHER'S NAME			14. MOTHER'S MAIDEN NA		
WAL	JER ZIM	NITXXY	SOPHIE	Ur	1K
	er in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown) (I	f yes, give wor or dotes of	servicel SECURITY NO.		. 1 - 11 11	
NO		21272-607	4UANIEC KUK	PALCHUIX	2128 ELOMBARD.
18.331	X 06 260	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	OR CONDITION DIRECT	TLY	0 . 4.	- 1	
	ADING TO DEATH	(A)	Respuntary	tailure	712 hours
	mean the mode at dyi Thenia, etc. It means the	ng, e.g., DUE TO		***************************************	
	cotian which caused dec	alh.)	Centro vasen	1 1. 11	1 10 10 0
AN	ITECEDENT CAUSES	(B)	entro Vaseu	ear lecide	nt 10days
DISEASES OR	CONDITIONS, if any,	DUE 10			
rise to the	above couse (A) slo				
UNDERLYING	CONDITION lost.			5	
	- 11				
	TANT CONDITIONS CON		11. 111	1.1 . 0.	
DISEASE OR CO	ONDITION CAUSING IT.	Pla	betes Meli	itos; Pne	umonia
19A. DATE OF O	PERATION 198. CONDITI	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED
	11713 1211 1			III CERIII IIII C	OSES OF DEATH:
	WAS UNDERLYING A	21 B. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID	(If in Boltimo	re City, give exact location!
DEATH (notify m	edicol exominer	etc.)	office bldg., INJURY OCCUR?		
21 D. TIME (/	Month! (Doyl (Yeorl (H	lour 21E. INJURY OCCURRED	21F. HOW DID INJ	Hay Occiled	
OF INJURY	violilii (Doyl (Feoil (F	While At Not Wh		URY OCCUR?	
(APPROXI		Work At Wor			
22. I certify th	ot (1) (this hospital) at	tended the deceased from	6-30	1966 10	7-10 1966
		live on 7-10	4 .		
				of in (my) (our) ap	inion death occurred on the date
	/	obove. (1) (We) (did) (did not)	view the body ofter deoth.		
23A. SIGNATURE	D. J. Sher	bank!			23B. DATE SIGNED
Ko	dello m.	M.D. A	ttending Med. Director	Stoff Phys.	7-10-66
23C. PHYSICIAN	5/ 17-01	IBBSIL IR	23D. ADDRESS		4
NAMERTYD	DIE 420	The state of the s	001	War ad	Ha. a. l. 0
7	rocle110	M. LIM M.D			roughout
REMOVAL (Spe		24C. NAME OF CEMETERY OF C	REMATORY 24D. L	OCATION (C	ity, town, or county) (Stote)
RUDIA	JULY 13 G	LUNGTRINI	TY CEM	ELKRIA	DEF MD
SA. DATE REC'DIE	HEATH DEPT 258	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	2011/1/	ADDRESS
31	F 73 1966 W	Dut & France	12 20 1 10	000 1	Cont 11 11 011 00
	740	Carry - 1 desired and	DIPPELBI	YUS INC	800 FLOMBARD
S 150-REV. 1/1/65			The same of the sa		

Charle Storm o Hogy to 1 THE C. LEWINGE ST. F W HANTER 3-11-5 Russia Usa Responding Failure 200 mg · Euclie rasedor Gendent 10 Ha Picabelas Hallitas, Primmons 21-2 09 05-7 Pollio Mr. Dian Church them & Karp Will Rochelic W. Lini

IMPORTAN



Such

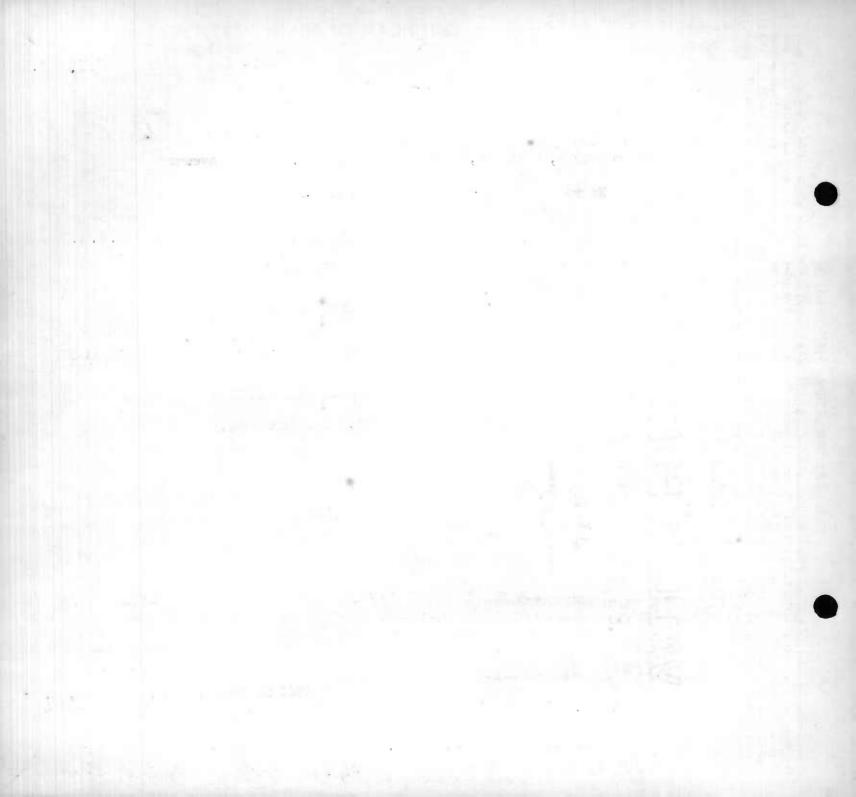
death.

of death

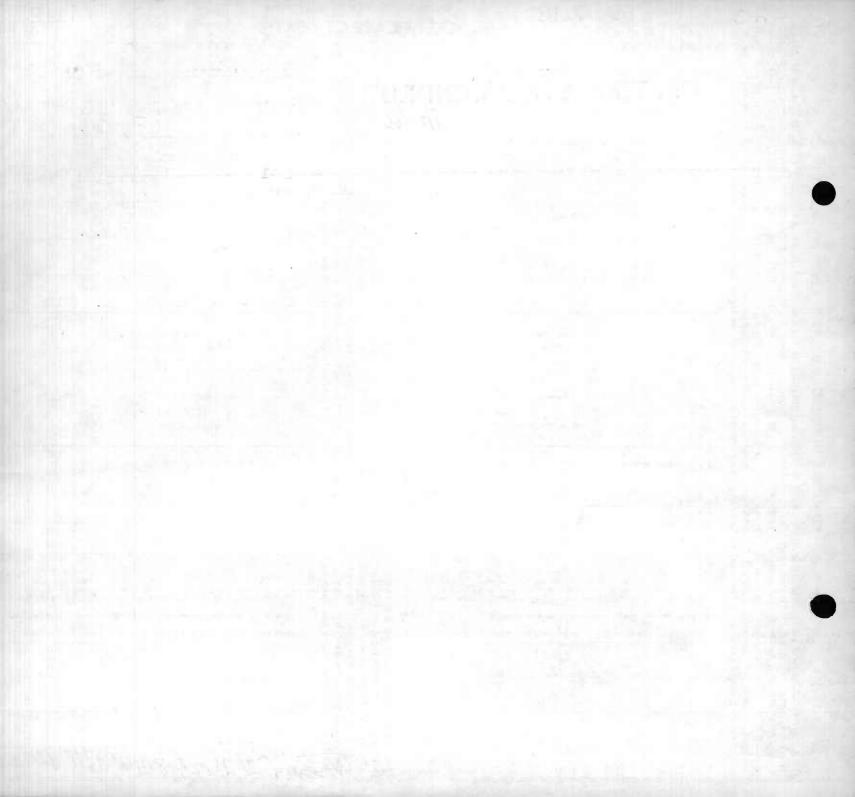
66 07111	BALTIMORE CITY	HEALTH DEPARTMENT		66 07111
SIKIN NO.	CERTIFICA	TE OF DEATH	Registered No	00 11/111
M.E. CASE NO.		2. DATE ANI	HOUR OF DEATH	
Type or Print) Mary Scot	t	7-11	-66	1 6:30 A.
B. PLACE OF DEATH IN BALTIMORE, MARYLAND			deceased lived. If ins	titution: residence before admission
FULL NAME OF (If not in hospital or instituti		Maryland		
FULL NAME OF (If not in hospital or instituti HOSPITAL OR oddress or lacotion) INSTITUTION	on, give street	C. CITY OR TOWN (If outs	ide city limits, write R	JRAL and give lownship)
	03001	Baltimore,		11,03
Baltimore City Hospit		D. STREET ADDRESS (If re	utol, give location)	
4940 Eastern Avenue, Baltim	ore, Maryland	639 N. Ful	ton Avenue	
	IED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr. If Under 24 Hi Months Doys Hours Min.
	dowed	12-26-15	50	
IDA, USUAL OCCUPATION (Give kind of work 10 B. KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
ione during most of working the, even is retired)		Virginia		TT CL 4
3. FATHERS NAME		14. MOTHER'S MAIDEN NAM	NE .	I U.S.A.
Robert Johnson		Addie Lewis		
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown) (If yes, give wor or dates of servi	SECURITY NO.	i i		
No		Helen Jones	639 Fulto	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A)	F DEATH Etastatic Cold BOUNDSWAKK XAGON		Noted 3 year
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise injury ar camplication which caused death.)	e.g., DUE TO			for 1st tim
ANTECEDENT CAUSES	(B)		XX	
DISEASES OR CONDITIONS, if any, give	vina	3		
rise to the above cause (A) stating	the (C) 2		CKONIXAK	
UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE	,		
19A. DATE OF OPERATION 19B. CONDITION F. WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	erc./			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) DEATH (notify medical examiner) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While Work At Work		IRY OCCUR?	

and hour and from the couses stated above. (1) (May (did) (Will Not) view the body after death. 23A. SIGNATURE 238. DATE SIGNED Stoff Phys. M.D. Attending Phys. Med. Director Intern 7-11-66 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS Eastern Avenue, Baltimore, Md. David J Mishel levich Balti
24C. NAME of CEMETERY OF CREMATORY evich City Hospitals
LOCATION (City, town, or county) 24A. BURIAL CREMATION, REMOVAL (Specify) DATE 24D. LOCATION (Stote)

ark Arbutus
25C. FUNERAL DIRECTOR 7-1 TH DEPT. Maryland 66 6 Arbutus 25B. NAME OF REGISTRAR 1966 VS 150-REV. 1/1/65

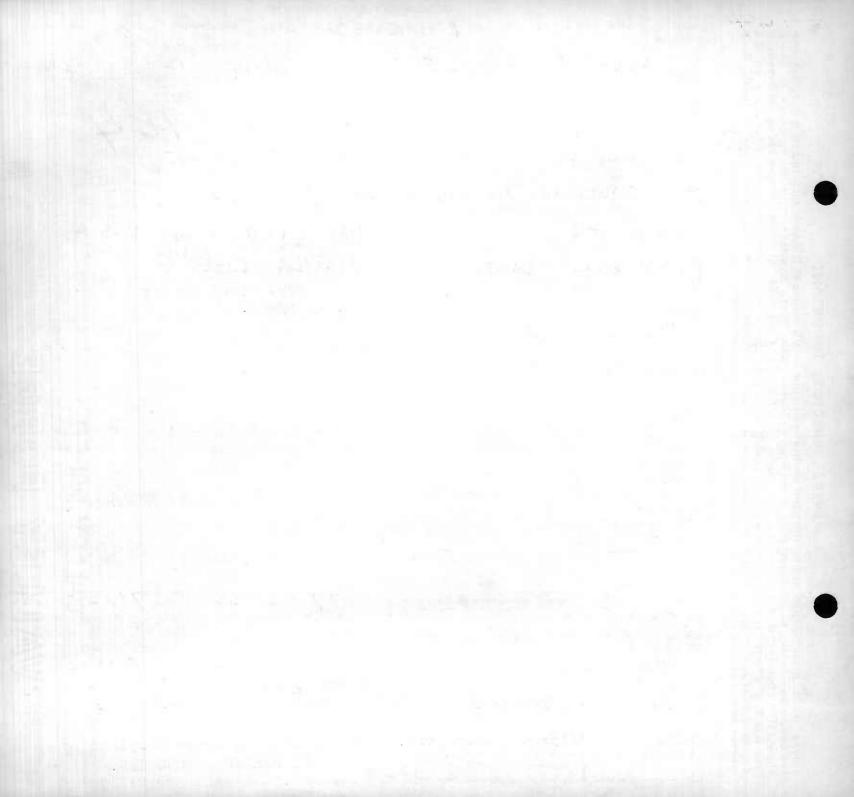


BALTIMORE CITY HEALTH DEPARTMENT



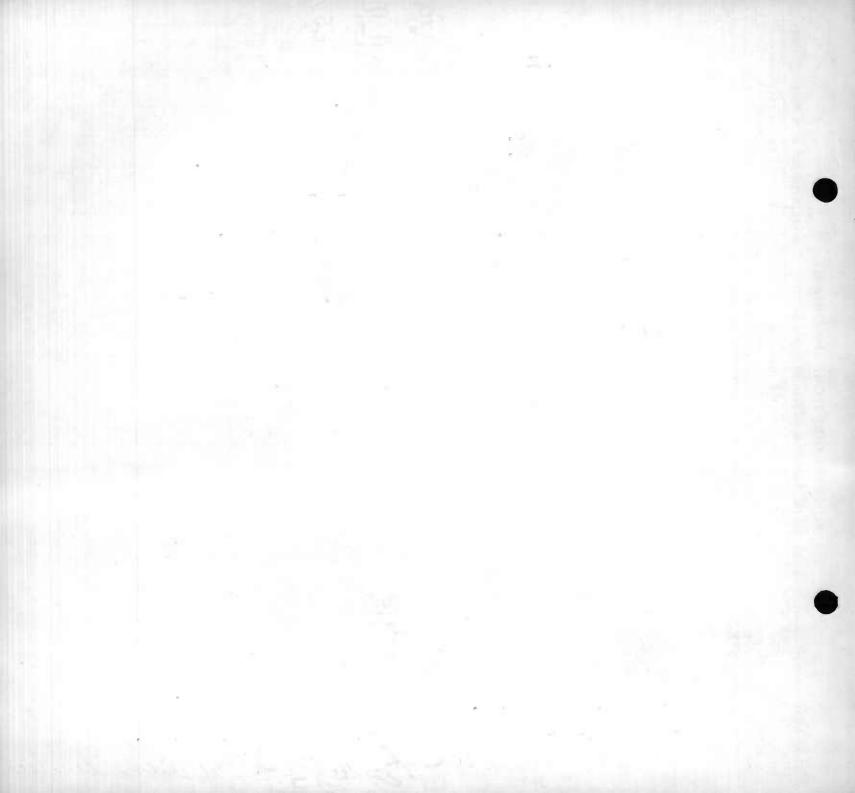
FUNERAL DIRECTOR: IMPORTANT

	66 07149	BALTIMORE CITY	HEALTH DEPARTMENT		66 07113
	OTH NO. 66 07113	CERTIFICA	TE OF DEATH	Registered No.	90 77110
1,1	E. CASE NO. NAME OF DECEASED (ANNA BARB	ARA EBERLE)	2. DATE AN	ID HOUR OF DEATH	1 1
	ANNA B. E	BEPLE	· ith	14 12	6 70 / 111.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	re deceased lived, if ins ITY	stitution: residence before admission)
	FULL NAME OF (If not in hospital or institut	ion, give street	MARYRAND		
	HOSPITAL OR address ar location)			tside city limits, write R	URAL ond give (ownship)
15			BALTIMORE		04
1	ILL DON HOUSE AND HOS	D.TAI		rurol, give location)	
0	furch HOME AND HOS			EET 51.	
5.	° MADO	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
Ļ		IARRIE D	NOV 26/1883	82	
	A. USUAL OCCUPATION (Give kind of work 10B. KIN ne during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLA/CE (State ar fore	ign cauntry)	12. CITIZEN OF WHAT COUNTRY?
	HOUSE WIFE		MARYLANI	Baltimore	W.S.A
13.	FATHERS NAME		14. MOTHERS MAIDEN NA	ME (Matild	a Roese)
	FREDERICK DAM	4 M	MATILA	REESE	
15.	Was Deceased Ever in U. S. Armed Forces?	6. SOCIAL	17. INFORMANT	Fleet Stree	ADDRESS
	NO	SECURITY NO.			e 6
-	118.	CAUSE O		A. Eberle	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
	LEADING TO DEATH	(A)	arcino	loses	mouth
	(This does not meon the mode of dying, heart failure, asthenia, etc. It meons the dise	e.g., DUE TO	00 v v 0 v v 00 00 00 00 v v 00 00 00 00	0 0 - 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	••••••••••••••••••••••••••••••••••••••
	injury or complication which caused death.)				
	ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if any, gi	. 1			100
	underlying condition lost.	the (C)		•••••••	· · · · · · · · · · · · · · · · · · ·
	11				
ATION					
CERTIFIC	19A. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	O) 208. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
ERT	O - O - O - O - O - O - O - O - O - O -	210 01 4 05 05 1411144/	200	715 ' B 16'	
AL C	OR CONTRIBUTING CAUSE OF	home, farm, foctory, street, o	ffice bldg., INJURY OCCUR?	(II In politimore	City, give exact location)
U		etc.)			
MEDI	OF INTILEY	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
<	(APPROX)	White At At Work	le 🗌		
	22. I certify that (MT(this hospital) attend	ed the deceased from	7//	19 6 6 to	7/12 1966.
	that (1) (we) lost saw the deceased alive	7/17	// .		nion death occurred on the date
	and hour and from the couses stated above	e. (1) (We) (did) (did not)			
	23A. SIGNATURE				23B. DATE SIGNED
	Idulia Mariano	M.D. Att	ending Med. Director	Stoff Phys.	7-12-66
	22 C BHYCICIANEC				
	TOILIA C. MARIA	(A) () M.D.	GA TIME	WE HOM	G + 110541142
24		C. NAME of CEMETERY of CR	EMATORY 24D 1	OCATION ICH	G + HOSPITAZ 1. 2/23/ y, town, or county) (Stote)
_	REMOVAL (Specify)				
	Surial 7/15/66	First Exangel	ical Church B	altimore M	laryland ADDRESS
25		ME OF REGISTRAR	25C. FUNERAL DIRECTOR HENRY SAN	DER & SONS	
L	JUL 13 1966 (R	Control & tarbert	BALTIMOR	E MARYLANI	
VS	150-REV. 1/1/65			- ANNETT THINK	" "TTT)



100011445	ORE CITY HEALTH DEPARTMENT	00 11111
BIRTH NO. 66 07115 CERT	IFICATE OF DEATH Registered Na.	66 07115
M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
Theodore C. Zies	7-11- 66	I RIVAP
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE Where deceased lived. If institu	tion: residence before admission
	A. STATE B. COUNTY	
FULL NAME OF (If not in hospital or institution, give stroot HOSPITAL OR addless or location)	C. CITY OR TOWN Ilf outside city limits, write RURA	1 - 1 - 1 - 1 - 1
INSTITUTION		AL and give township)
() 810 Woodington Rd.	Baltimore D. STREET ADDRESS (If rurol, give location)	ALC: NO
Baltimore, 29, Md.		
5. SEX 6. RACE 7. MARRIED, NEVER MARRIE	B. DATE OF BIRTH 19, AGE (In years I If	Under 1 Yi., If Under 24 H
WIDOWED, DIVORCED (SP	pecify) lost birthdoy) Ma	onths Doys Hours Min.
M Wh Married 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR I	12-20-04 61 INDUSTRY 11. BIRTHPLACE (Stote or foreign country)	CITIZEN OF
done during most of working life, even if retired)	INDUSTRY III. BIRTHPLACE (Store or foreign country)	WHAT COUNTRY?
President Chas. Zies & S	ons Baltimore, Md.	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John Zies	Barbara Roesser	
15. Was Decoasod Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY N	Mrs. Theodore Zies-810	Woodington F
30 111	CAUSE OF DEATH	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	C- P. O. O.	
(A)	JE TO Julymanall	**************************************
hoarl failure, asthenia, etc. It means the disease,		
trialization as assumption than the markets assumed algorith t	- // //	
injury or complication which caused deoth.)	Levere Culmoran	
ANTECEDENT CAUSES	Levere Gulmorany	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving	Emplysona	
ANTECEDENT CAUSES	Emplysona	
ANTECEDENT CAUSES DU DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the UNDERLYING CONDITION last.	Emplysona	
ANTECEDENT CAUSES DU DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the UNDERLYING CONDITION last.	Emplysona	
ANTECEDENT CAUSES DU DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Engliseum	
ANTECEDENT CAUSES DU DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Engliseum	DINGS CONSIDERED
ANTECEDENT CAUSES DUSEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	ION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINE IN CERTIFYING CAUSE:	
ANTECEDENT CAUSES DUSEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the (C) UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21A. PLACE OF INJURY CONTRIBUTING 21A. PLACE OF INJURY CONTRIBUTING 21A. PLACE OF INJURY CONTRIBUTION	ION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINE IN CERTIFYING CAUSE: URY (e.g., in or obout 21 C. WHERE DID III in Boltimore Ci	DINGS CONSIDERED OF DEATH?
ANTECEDENT CAUSES DU DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the (C) UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 0R CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING 12B. PLACE OF INJUNCE, form, foctory, etc.)	ION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINE IN CERTIFYING CAUSE:	
ANTECEDENT CAUSES DU DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING NOR CONTRIBUTING CAUSE OF DEATH (notify medical oxominer) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCU	URY (e.g., in or obout 21 C. WHERE DID IN JURY OCCUR?	
ANTECEDENT CAUSES DU DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATI WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING NOR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCU While At Month (Month) (Doy) (Wear) (Month) (M	CALCULATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINE IN CERTIFYING CAUSE! URY (e.g., in or obout 21C. WHERE DID IN CERTIFYING CAUSE! URY (e.g., in or obout 21C. WHERE DID INJURY OCCUR? URY (e.g., in or obout 21C. WHERE DID INJURY OCCUR?	
ANTECEDENT CAUSES DU DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATI WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING home, form, foctory, etc.) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCU While At Work	URY (e.g., in or obout 21C. WHERE DID INJURY OCCUR? URY (b.g., in or obout 21C. WHERE DID INJURY OCCUR? URY (b.g., in or obout 21C. WHERE DID INJURY OCCUR? URY (b.g., in or obout 21C. WHERE DID INJURY OCCUR?	y, give exact lacohon)
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol oxominer) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCU While At Work 22. I certify that (I) (this hospital) bitended the deceased for	URY (e.g., in or obout 21C. WHERE DID, street, office bldg, INJURY OCCUR? IRRED Not While At Work 19 53 to July 208. IF YES, WERE FINE IN CERTIFYING CAUSE: IN CERTIFYING CAUSE: 11	y, give exect locotion)
ANTECEDENT CAUSES DU DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATI WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING home, form, foctory, etc.) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCU While At Work	URY (e.g., in or obout 21C. WHERE DID INJURY OCCUR? URY (b.g., in or obout 21C. WHERE DID INJURY OCCUR? URY (b.g., in or obout 21C. WHERE DID INJURY OCCUR? URY (b.g., in or obout 21C. WHERE DID INJURY OCCUR?	y, give exect locotion)
ANTECEDENT CAUSES DU DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the (C) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCU While At Work 22. I certify that (I) (Phis hospital) bitended the deceased for	URY (e.g., in or obout 21C. WHERE DID IN CERTIFYING CAUSE) URY (e.g., in or obout 21C. WHERE DID INJURY OCCUR? IRRED 21F. HOW DID INJURY OCCUR? Not While 21 At Work 19 53, ta 3 July 19 55 and that in (my) (19 4) aplaint	y, give exect locotion)
ANTECEDENT CAUSES DU DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol oxominer) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCU While At Work 22. I certify that (I) (**) (**) (**) (**) (**) (**) (**)	URY (e.g., in or obout 21C. WHERE DID IN CERTIFYING CAUSE: URY (e.g., in or obout 21C. WHERE DID IN CERTIFYING CAUSE: URY (a.g., in or obout 21C. WHERE DID INJURY OCCUR? URY (a.g., in or obout 21C. WHERE DID INJURY OCCUR? URY (a.g., in or obout 21C. WHERE DID INJURY OCCUR? IF and that in (my) (aux) aplniary 19 53 ta 19 6 and that in (my) (aux) aplniary 19 54 and that in (my) (aux) aplniary 19 55 ta 19 6 and that in (my) (aux) aplniary	death accurred an the d
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoting the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATI WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical oxominer) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCU While At Work 22. I certify that (I) (Phis hospital) attended the deceased fit that (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I) (We) (did)	URY (e.g., in or obout 21C. WHERE DID IN CERTIFYING CAUSE: URY (e.g., in or obout 21C. WHERE DID INJURY OCCUR? URY (a.g., in or obout 21C. WHERE DID INJURY OCCUR? IRRED 21F. HOW DID INJURY OCCUR? Not While 21F. HOW DID INJURY OCCUR? Not While 31 to 31 to 32 t	death accurred an the d
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION AS PERFORMED 21A. ACCIDENT WAS UNDERLYING WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCU While At Work 22. I certify that (I) (**) last saw the deceased alive an and haur and fram the causes stated above. (I) (**) (did) (**) 23A. SIGNATURE	URY(e.g., in or obout 21C. WHERE DID IN CERTIFYING CAUSE: URYOU, office bldg., INJURY OCCUR? IRRED 21F. HOW DID INJURY OCCUR? Not While At Work 19 53, ta 19 54 and that in(my) (corr) aplning and that in(my) view the bady after death.	death accurred an the d
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the UNDERLYING CONDITION last.	URY (e.g., in or obout 21C. WHERE DID IN CERTIFYING CAUSE) URY (e.g., in or obout 21C. WHERE DID INJURY OCCUR? IRRED 21F. HOW DID INJURY OCCUR? Not While At Work 19 53, ta 19 53, ta 19 53, ta 19 55, ta 1	death accurred an the d
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoting the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION OR CONTRIBUTING CAUSE OF DEATH (notify medical oxominer) 21A. ACCIDENT WAS UNDERLYING home, form, foctory, etc.) 21B. PLACE OF INJUNO (Pearly (Hour) 21E. INJURY OCCU While At Work (I) (We) last saw the deceased alive an and haur and fram the causes stated above. (I) (We) (did) (123A. SIGNATURE) 23C. PHYSICIAN'S NAME (Type)	URY (e.g., in or obout 21C. WHERE DID IN CERTIFYING CAUSE: URY (e.g., in or obout 21C. WHERE DID INJURY OCCUR? URRED 21F. HOW DID INJURY OCCUR? Not While At Work 19 53, ta 19 54 and that in (my) (and aplning the physical phys	Jeath accurred an the d Date signed Jeath 2-66 Balto-29, M
ANTECEDENT CAUSES DUSEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoting the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATI WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCU While At Work 21D. TIME (Month) (Doy) (Year) that (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I) (We) (did) (AUSING TABLE) 23A. SIGNATURE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER 24C. NAME of CEMETER	URY (e.g., in or about 21C. WHERE DID IN CERTIFYING CAUSE: URY (e.g., in or about 21C. WHERE DID INJURY OCCUR? URRED 21F. HOW DID INJURY OCCUR? Not While At Work Tram 19 53 ta 19 66 and that in (my) (and aplniar of the death. M.D. Attending Med. Director Phys. 23D. ADDRESS M.D. 4116 Edmond on Ave a ERY or CREMATORY 24D. LOCATION (City, to the death).	death accurred an the d
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING NAME OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCU While At Work 21D. TIME (Month) (Doy) (Year) thended the deceased for that (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I) (We) (did) (4) (4) (4) (4) (4) (4) (4) (4) (5) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	URY (e.g., in or obout 21C. WHERE DID IN CERTIFYING CAUSE: URY (e.g., in or obout 21C. WHERE DID INJURY OCCUR? URY (e.g., in or obout 21C. WHERE DID INJURY OCCUR? URY (e.g., in or obout 21C. WHERE DID INJURY OCCUR? URY (e.g., in or obout 21C. WHERE DID INJURY OCCUR? URY (e.g., in or obout 21C. WHERE DID INJURY OCCUR? If in Boltimore Ci At Work Tam 19 53 ta 10 10 10 10 10 10 10 10 10 10 10 10 10	death accurred an the discount of the discount
ANTECEDENT CAUSES DUSEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoting the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATI WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCU While At Work 21D. TIME (Month) (Doy) (Year) that (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I) (We) (did) (AUSING TABLE) 23A. SIGNATURE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER 24C. NAME of CEMETER	URY (e.g., in or obout 21C. WHERE DID IN CERTIFYING CAUSE: URY (e.g., in or obout 21C. WHERE DID INJURY OCCUR? URY (e.g., in or obout 21C. WHERE DID INJURY OCCUR? URY (e.g., in or obout 21C. WHERE DID INJURY OCCUR? URY (e.g., in or obout 21C. WHERE DID INJURY OCCUR? URY (e.g., in or obout 21C. WHERE DID INJURY OCCUR? If in Boltimore Ci At Work Tam 19 53 ta 10 10 10 10 10 10 10 10 10 10 10 10 10	death accurred an the discount of the discount

VS 150-REV. 1/1/65



BALTIMORE CITY HEALTH DEPARTMENT

AND THE PARTY OF T heldert and the state of t The let your part age to be a server The second of th

BIRTH NO.	66 07117	/	TE OF DEATH Registered No.	66 07117
1. NAME OF D (Type or Print)	DOROTHY	BELLE HEAGY	July 12, 1966	A
FULL NAMI HOSPITAL C	OR address or location)	r institution, give street	A. USUAL RESIDENCE (Where deceosed lived. If inst A. STATE B. COUNTY Maryland C. CITY OR TOWN (If outside city limits, write RU Baltimore D. STREET ADDRESS (If rurol, give location) 803 Jack Street (2	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specify)	` `	If Under 1 Yr., If Under 24 Hrs
Female	White	Widow	Aug. 6,1879 86	Months Doys Hours Min.
done during most	ccupation (Give kind of work) of working life, even if retired) cal Nurse	Hospitals	11. BIRTHPLACE (State or foreign country) Mathew's County, Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S N	IAME	Trop and	14. MOTHER'S MAIDEN NAME	0.0.11.
7	Thomas James Dr	isgill	Belle Ann Withman	
5. Was Decea: Yes, no or unkno	sed Ever in U. S. Armed Force	os? 16. SOCIAL SECURITY NO.	17. INFORMANT Lan	dover Md.
No				- 75th Avenue
UNDERLY	EASE OR CONDITION DIRE LEADING TO DEATH s nal mean the mode of tre, asthenia, etc. II means complication which caused ANTECEDENT CAUSES OR CONDITIONS, if a the above cause (A) the ab	deliberto de la companya de la compa	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIR IN CERTIFYING CAUSE 10 or obout 21 C. WHERE DID 15 or obout 10 INTURY OCCUPY	NDINGS CONSIDERED
DEATH (no	tify medical examiner)	etc.)		
21D. TIME OF INJURY (APPROX.)		(Hour) 21 E. INJURY OCCURRED While At Not While Work At Work	21F. HOW DID INJURY OCCUR?	
that (I) (Mand haur 23A. SIGNA	cian's Cian's Cremation, 248. Date	M.D. Atte Physics A.D. Atte Physics A.D. 24C. NAME of CEMETERY or CRE	and that in (my) (out) apiniing the bady after death. Med. Director Stoff Phys. 23D. ADDRESS 3508 Gall T. MATORY 24D. LOCATION (City,	on death occurred an the da 23B, DATE SIGNED 7//3/66 15/wn, or county)/ (State)
Buria	D'D BY HEALTH DEPT.	25B. NAME OF REGISTRAL	25C. FUNERAL DIRECTOR	Alto.Co. Maryland
	JUL 13 1968	Robert E. Farber, M.	Wm.Cook-Brooks, Inc. 121	l7 St. Paul Stree
/S 150-REV. 1/	1/65			

TOTAL MAIN TO

CONTRACTOR OF THE PROPERTY OF THE PARTY OF T

		66 0711	50	BALTIMORE CITY	HEALTH DEPARTMENT		66 07118
100	H NO.	66 0711	.0	CERTIFICA	TE OF DEATH	Registered No.	00 0711.0
1 N	AME OF DEC	EASED			2. DATE	AND HOUR OF DEATH	
(Тур	e or Print) Et	ta G. Shanbaz	ger			y 10, 1966	M
3. P	LACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (V		stitution: residence befare admission)
1	FULL NAME OHOSPITAL OR	F (If not in hospital address ar lacotion		give sheet	Maryland c. city or town of		RURAL and give township)
0	10	20 East 36th	Street		Baltimore D. STREET ADDRESS	()f rural, give location)	0)
-	***		T		1020 E, 36t		
5. S	emale	6. RACE White		D, NEVER MARRIED D, DIVORCED (specify)	8. DATE OF BIRTH Dec. 23, 1874	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10%	USUAL OCCU		0		11. BIRTHPLACE (State or		12. CITIZEN OF WHAT COUNTRY?
0011	Seamstr				Harford Coun	tv	U.S.A.
13. [FATHER'S NAM				14. MOTHER'S MAIDEN		0.0.4.
	W illiam	Shanbarger			Cristian Co	rnwell	
15. 1	Nos Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	Rt.#1 B	ox#50 ADDRESS
	no	,,,,,		217-48-1406	Mr. Roy Hitch	cock White H	Mall. Md. 21161
	1B. HH	I E OR CONDITION DIR	ECTLY	CAUSE OF		lummin	INTERVAL BETWEEN ONSET AND DEATH
	heart failure, injury or com	of mean the mode of osthenio, etc. It means plication which coused ANTECEDENT CAUSES	the diseose	, DUE TO	ardio Vacu	la rendaise	ha.
	DISEASES C	OR CONDITIONS, if obave cause (A) CONDITION lost.			Bereie C	minia	
ATION	TO THE DI	II FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	TED TO TH	IG HE			
ERTIFIC,	19A. DATE OF		DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes ar	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CALC	OR CONTRIBU	TING CAUSE OF medical examiner)	21 har	B. PLACE OF INJURY (e.g., in me, lorm, foctory, street, of)	or obout 21C. WHERE DID	Of in Baltimore	e City, give exoct location)
ā	21 D. TIME OF INJURY	(Manth) (Day) (Year)	(Haur) 216	E. INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?	
>	(APPROX)			hile At Nat While At Wark			/ /
	22. I certify	that (1) (this hospital) attended	the deceased from	1/16	19 66 to 1	10
		last saw the decease	1	11 / 1			nion death occurred an the date
			ed above. ((I) (Ne) (did not) v	iew the body ofter deat	h.	1
	23A. SIGNATU	manuel	Sod	WZO M.D. Atte Phys	nding Med. Director	Stoff Phys.	7/12/66
	23C. PHYSICIA NAME (T	N'9 yge)			23D. ADDRESS		
		Manuel Sodaro		M.D.	4624 York Rd.		
24A	REMOVAL	MATION, 24B. DATE	24C. N	AME of CEMETERY OF CRE		LOCATION (Ci	ty, tawn, ar county) (Stote)
1	uroal	7-12-66		wn Grove Cemete	V	awn Grove, Pe	
25A	JUL .	13 1966 P.P.		GE REGISTRAR	25C. FUNERAL DIRECT	ooks Towson I	ADDRESS
VS	150-REV. 1/1/6	9 11 10 0			THE SOCKEDI	TOWN TOWN T	not rose tork kds

in I was

102 : 1 2 5 th 32 5 th

Allian Jacabergar Cristian Cornwell

UCK-HI IN. 3

217---- 05 hr. to litchcock miss men, c. 2 2 2

in. inno. secore

VS 150-REV. 1/1/65

a hospital and

	00 00140	,	BALTIMORE CIT	Y HEALTH DEPARTMENT	X	00 00440
BIRTH NO.	66 07119	,	CERTIFICA	TE OF DEATH	Registered Na.	66 07119
N.E. CASE NO.	CEASED			2. DATE A	ND HOUR OF DEATH	
Morar T	fuller			Т	uly 12, 19	10.05
PLACE OF D	EATH IN BALTIMORE, MAI	RYLAND		4. USUAL RESIDENCE (Who	ere deceased lived, if i	nstitution: residence before admissi
FULL NAME	OF (If not in hospital a	or institutio	n. give street	Maryland,	Baltimore	
HOSPITAL OF	oddress ar lacation	}	,, 9,70 3,001			RURAL and give tawnship)
)	Fayette Nu:	rsing	Home	Ph	oenix	21131
					rurol, give lacation)	
	. Fayette S			Box 174 Dar		
SEX	W	WIDOV	ED, NEVER MARRIED WED, DIVORCED (specify)	May 16, 1896	9. AGE (In years last birthdoy)	II Under 1 Yı. II Under 24 H Manths Days Haus Min
ane during mast a	CUPATION (Give kind al wark of working)ife, even if retired) SEWITE		Own Home	11. BIRTHPLACE (State or fore Maryla	,	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NA	AME			14. MOTHER'S MAIDEN NA	ME .	!
Tr.2	nd B Bund-			Weles Energy	and	
. Was Decease	ard P Brady	es?	1 6. SOCIAL	Helen Harf	ora	ADDRESS
No No	vn) (II yes, give war or date:	s al service		m m		(Same)
18, 1/ (2			217-20-6365	Mr.T. E. T	rimole	
1 24 4	/ X		CAUSE	A A		ONSET AND DEATH
DISEA	ASE OR CONDITION DIR LEADING TO DEATH	ECTLY		Bronchipu		10080
/This doos		م مانياه	(A)	Monan sim	wwwy	1001
	not mean the mode of , asthenia, etc. It means			0		,
injuly of co	implication which coused	death.)				
	ANTECEDENT CAUSES		(B)		*****************	
DISEASES	OF CONDITIONS IS					
	OR CONDITIONS, if of the above couse (A)					
	IG CONDITION lost.		A series of the	0000 00 0000++nn 0n 0n 0n na ana an a		
	- 11		1		0/0	
OTHER SIGN	NIFICANT CONDITIONS CO	ONTRIBUT	ING ALPY	D. 1 /1	T/1/a.1.	
DISEASE OF	DEATH BUT NOT RELA R CONDITION CAUSING IT		- W	10) Jugavo	1 (charac)	
19A. DATE C	OF OPERATION 198. CONI	ORMED	R WHICH OPERATION	20 A. AUTOPSY? Fes or No	ON CERTIFYING CA	FINDINGS CONSIDERED
OTHER SIGN TO THE DISEASE OF					OURINING CA	O'CO O'COMIT!
	ENT WAS UNDERLYING DEBUTING CAUSE OF		21 B. PLACE OF INJURY (e.g.,	in ar obout 21 C. WHERE DID	()f in Ba)timor	e City, give exact lacotion)
DEATH (noti	ly medical examiner)		etc.)			
21 D. TIME OF INJURY	(Manth) (Day) (Year)	(Hour) 2	IL INJURY OCCURRED	21F. HOW DID IN	URY OCCUR?	
(APPROX.)			Whi)e At Nat Whi Work At Work			
					0.0	
22. I certif	y that (I) (ALCONOMI)	attende		,	19 66 to	7/12 19 66
that (I) (36	X last saw the decease	d alive o	7/12	19. 66 and th	natin (my) (akr) api	nian death accurred on the d
and haur a	nd from the causes state	ed abave	(1) OXCOVE (did) OXCOVEDAGO	view the bady after death.		
23A. SIGNAT	- 11 .	1 00.				23B. DATE SIGNED
	X//	PIVA	M.D. Att	ending Med.	Stoff	(- 9 11 1
22.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	//	my	Phy	ys. Director	Phys.	12 July 66
23C. PHYSICI NAME	(Type)	1/1	/	23D. ADDRESS	9 ff	11
	1.1.	HUI	A M.D.	22/49	tartell 1	7 71771
4A. BURIAL CR	EMATION, 24B. DATE	24C.	NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION (C	ity, tawn, ar caunty) (State
Buria					1	
			ew Cathedral Co	~	Baltimo	
AL DATE KEC			e OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	JUL 13 1968	Ural.	es & tarber	Leonard J. Ru	ck inc. Bali	to. Md. 21214

ADDIDE TO SERVER OF THE PROPERTY OF THE PARTY OF THE PART Jacob Aria Arma - Aria Maria - Jacob - Indiana

66 07120 BALTIMORE CITY HEA	LTH DEPARTMENT 66 07120
	ERTIFICATE OF DEATH Registered Na.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
George W. Byer	July 10, 1966 8:15 p. M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission A. STATE B. COUNTY B. COUNTY
FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITI OK IOWN III outside corporate limits, white KOKAL and give township)
Union Memorial Hospital	Baltimore #6
onion Memorial Mospital	D. STREET ADDRESS (If rurol, give locotion) 5308 Goodnow Road
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hr. lost birthday) Months, Doys, Hours, Min.
Male White Widowed, Divorced(specify)	March 7, 1905. 61
10A. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Sheet Metal Worker E.A. (aasentner	
George Byer	Sophia ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no grunknown), (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No 213-18-3908	Mrs. Winona Buer (Same)
18. CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	pertensive and arteriosclerotic
(This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It meons the disease, injury or complication which coused death.)	heart disease
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(c)	
II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ZIA. EXTERNAL CAUSE WAS 218. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If in Baltimore City, give exact location)
Z1A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?
OF INJURY	21F. HOW DID INJURY OCCUR? WHILE OCK
22	
I certify that I held an Inquiry Inspection Au	tapsy and that an this basis, death in my apinlan
resulted from: Natural causes 🖹 Accident 📗 Suicid	Homicide Undetermined manner
10 1011	CHIEF MEDICAL EXAMINER X

ACTUAL SIGNATURE.

23A. BURIAL CREMATION, 23B. DATE

Man ASSISTANT MEDICAL EXAMINER [

23D. LOCATION

DATE SIGNED

EXAMINER'S Russell S.Fisher, M.D.

23C. NAME of CEMETERY of CREMATORY NAME (Type)

ASSOCIATE MEDICAL EXAMINER

July 11,1966
(City, town, or county) (State)

REMOVAL (Specify)
Burial

Burial 7/14/66. Gardens of Faith Cemetery
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR

7/14/66. Gardens of Faith Cemetery Baltimore, Md.

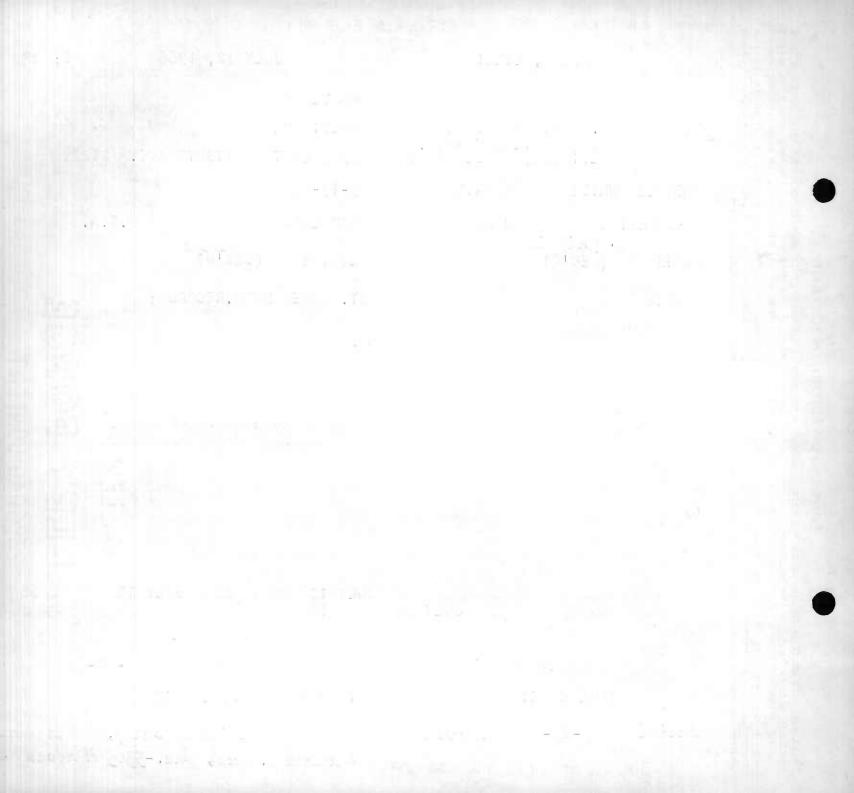
BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS

JUL 13 1966 Reset & Farly Leonard J. Kuck Inc. Balto. Md. 21214

VS 151-REV. 1/1/65

The state of the s beneath the state of the state Tra-16- 100 The Land

VS 150-REV. 1/1/65



(Tyr	AME OF DEC				TE OF DEAT	TE AND HOUR OF DEATH	
/ 6	e or Print)	Alice	W.]	DeFontes	Ju	ly 12, 1966.	940
	TULL NAME O	F (If not in hospitol		Tive sheet		(Where deceased lived, If COUNTY	institution: residence belore adm
ŀ	OSPITAL OR	oddress or locotion	1)		C. CITY OR TOWN	(Il outside city limits, write Baltimore	#1)4
)	0	2809 Beech	land Av	enue	D. STREET ADDRESS	(If jurol, give locotion) 809 Beechland	Avenue
5. S	emale	6. RACE White	WIDOWED	NEVER MARRIED D. DIVORCED (specily)	B. DATE OF BIRTH NOV. 14, 18	9. AGE (In years lost birthday) 72	II Under 1 Yr. If Under Months Doys Hours
	during most of	JPATION (Give kind of workworking life, even il retired) Sewife	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of Maryla		12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NA	James	T. Tro	tton	14. MOTHERS MAIDEN	Jane Gat	cechair
15. \ (Yes	Was Deceased on or unknown NO	Ever in U. S. Armed For Officers, give wor or date	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT Mr. John DeF	ontes, 393 Kir	ADDRESS
	. /	E OR CONDITION DI	RECTLY	CAUSE O	F DEATH ASCUD	N. W.	INTERVAL BETWEE
		ANTECEDENT CAUSES		DUE TO		2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	***************************************
	rise to the	DR CONDITIONS, if above cause (A) CONDITION last.		(C)		000 000 000 000 000 000 000 000 000 00	
NTION	other signi	OR CONDITIONS, if above cause (A) CONDITION last. FICANT CONDITIONS CEATH BUT NOT RELA	Stoling the	G	;		
RTIFICATION	other signi	OR CONDITIONS, if above cause (A) CONDITION last. FICANT CONDITIONS CEATH BUT NOT RELACED CONDITION CAUSING	ONTRIBUTING TED TO THE T.	G	1	oi Nol 20B. IF YES, WERE	1869
L CERTIFIC	OTHER SIGNITO THE DISEASE OR 19A. ACCIDED OR CONTRIBLE	PR CONDITIONS, if a above cause (A) CONDITION last. FICANT CONDITIONS CEATH BUT NOT RELACED CONDITION CAUSING OPERATION 198. CON	ONTRIBUTING TED TO THE T. DITTION FOR NED	OF E WHICH OPERATION PLACE OF INJURY (e.g., in e., form, lactory, street, o	20A. AUTOPSY? (Yes	OI NOT 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
ICAL CERTIFIC	OTHER SIGNITO THE DISEASE OR 19A. ACCIDED OR CONTRIBLE	PR CONDITIONS, if a above cause (A) CONDITION last. FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING OPERATION 198. CONWAS PER TWAS UNDERLYING TING CAUSE OF	ONTRIBUTING ONTRIBUTING TED TO TH T. DITION FOR V ORMED 218. hom etc.:	PLACE OF INJURY (e.g., i.e., form, lactory, street, o'	20A. AUTOPSY? (Yes n or obout 21°C. WHERE D lifice bidg., INJURY OCCU	OI NOT 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFIC	OTHER SIGNITO THE DO DISEASE OR 19A. DATE OF CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that ((we)	PR CONDITIONS, if a above cause (A) CONDITION last. FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING I OPERATION 19B. CON WAS PER THE WAS UNDERLYING CAUSE OF medical examiner) (Month) (Day) (Year)	ONTRIBUTINAL ONTRI	PLACE OF INJURY (e.g., in e.g., form, lactory, street, of injury occurred lile At Not While At Work the deceased from	20A. AUTOPSY? (Yes n or about 21°C. WHERE Diffice bidg., INJURY OCCU	OI NOI 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFIC	OTHER SIGNITO THE DO DISEASE OR 19A. DATE OF CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that ((we)	PR CONDITIONS, if a above cause (A) condition last. FICANT CONDITIONS CEATH BUT NOT RELACED AND AND AND AND AND AND AND AND AND AN	ONTRIBUTINAL ONTRI	PLACE OF INJURY (e.g., in e.g., form, lactory, street, of the lactory of the lact	20A. AUTOPSY? (Yes n or about 21°C. WHERE Diffice bidg., INJURY OCCU	OI NOI 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact locohon)

13 1966

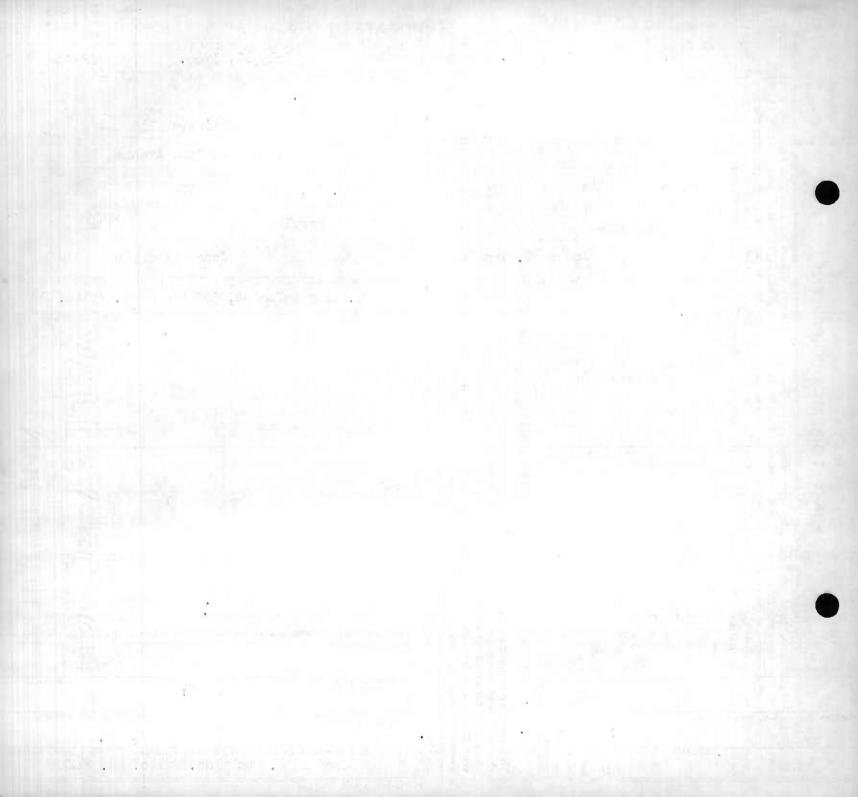
25A. DATE REC'D BY HEALTH DEPT

2. Farbura

258. NAME OF REGISTRAR

Leona rd J. Ruck Inc. Balto. Md. 21214

VS 150-REV. 1/1/65



cause cantributin haspital approved

and

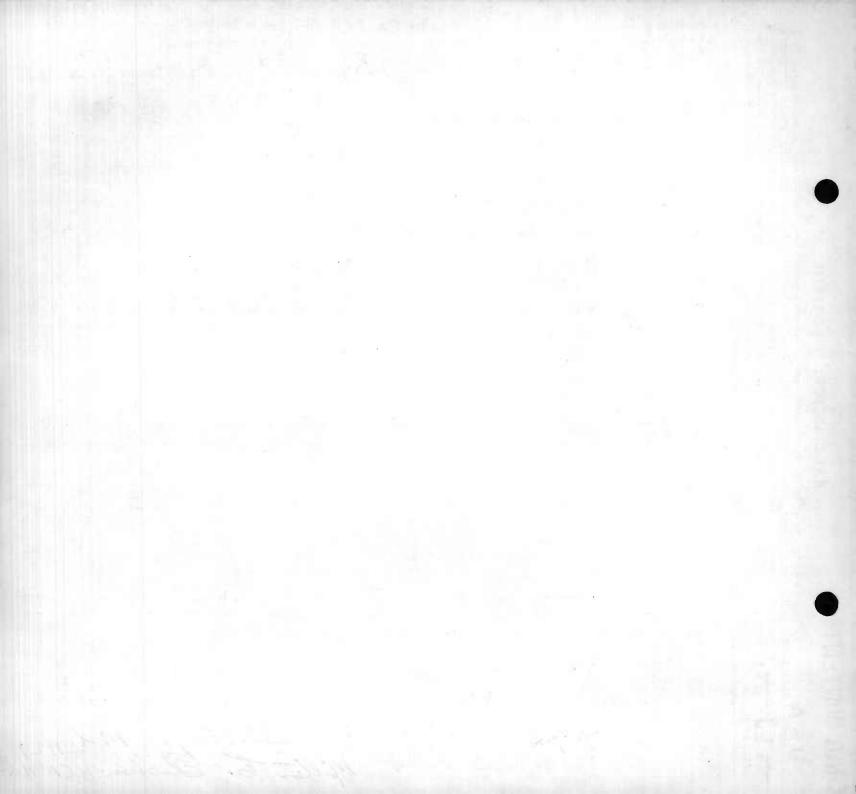
IMPORTAN

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. CERTIFICATE OF DEATH Registered Na. 4. USUAL RESIDENCE (Where deceosed lived, If institution; residence A. STATE

B. COUNTY (If autside city limits, write RURAL and give township) tf Under If Under 24 Hrs. Months Haurs 12. CITIZEN OF WHAT COUNTRY? 50 ADDRESS INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact location) and that in (my) (our) apinian death accurred an the date 238, DATE SIGNED VS 150-REV, 1/1/65



Such

death.

attendance on the

a hospital and

Type or Print)	Lewin Ti	ller			uly 12, 1966	10:00 p.
FULL NAME	ATH IN BALTIMORE, MA		ive street	4. USUAL RESIDENCE		institution; residence before admissi
HOSPITAL OR	oddress or locolion	1)		C. CITY OR TOWN Baltimore	If outside city limits, write	RURAL and give fownship)
-	1514 Division	Street		D. STREET ADDRESS	(If wool, give lacation)	
	Baltimore, Mar			144 Barber		
Male Male	Negro	WIDOWED	NEVER MARRIED , DIVORCED (specify) ried	9-18-07	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 h Months Doys Hours Min
ane during most of	UPATION (Give kind of work working life, even if retired)	10B. KIND OF	<	Maryland	foreign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHERS NA		mapi	enn sugni	14. MOTHERS MAIDEN	NAME	
1	1 1,112+					
5. Was Deceese es, no oi unknow	d Ever in U. S. Armed Form	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
yes	II W WI		216-05-8351	ma Amand	A liller 1	44 Barbarry Cl
18. 10	4 X I		CAUSE	OF DEATH	15	INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DIR	ECTLY	/ V	1-11	1, 100	201
(This does	LEADING TO DEATH	dvina en	(A) (C)	y Ply ocal	dra Tacla	re other
heart laiture	, asthenia, etc. II means mplication which caused	the disease,			1	
injuly at ca	ANTECEDENT CAUSES	deam./	(B) (ccincon 4	es recta	A
DISCAGES			DUE TO		. (
	OR CONDITIONS, if a abave cause (A)		16 tor	shirk and	min c / Ru	neil
UNDERLYIN	G CONDITION last.		res	ection was	done on -	7/8/66
TO THE I	II IIIICANT CONDITIONS C DEATH BUT NOT RELA	TED TO THE		000	· Hert	6
	F OPERATION 198 CON WAS BERE	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes		FINDINGS CONSIDERED AUSES OF DEATH?
W. Lee	ENT WAS UNDERLYING	r Cen 1		in or about 21 C. WHERE D	D (If in Rolling	re City, give exact location)
OR CONTRIB	UTING CAUSE OF y medical examiner)	hometc.)	e, form, foctory, street,	office bldg., INJURY OCCU	R?	ire City, give exact loconon/
21 D. TIME	(Month) (Day) (Year)		INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
(APPROX.)		Whil	e At Not WI			
that (1) (we	*	d alive an	July 12,	July 5, 19 66 and view the body after dec		Inian death accurred an the
23A. SIGNAL	BRE	-		ttending Med.	Stoff	23 B. DATE SIGNED
23 C. PHYSICI	ernen fo	rus.		ttending Med. Director 23D. ADDRESS	Phys.	July 13, 1966
NAME	. / F = /		M.E			
NAME	rmard Harris	Jr.	70102	1200 Marsa 1	loh Street	
NAME	ernard Harris,		ME of CEMETERY OF C	1200 McCul		City, town, or county) Stat

the Morton + Dyet 1

Balto National

1701 LAUrens

St

VS 150-REV. 1/1/65

Bralvest.

Raltimore

Lidi Barberry Court

9-18-07

Marg Land

Saltimore, Maryland

Inditional Inablyon Mylelon Street

Barrall ormal/

miaM

July 12,

July 13. Car

1200 McCmlloh Street

and Married branes.

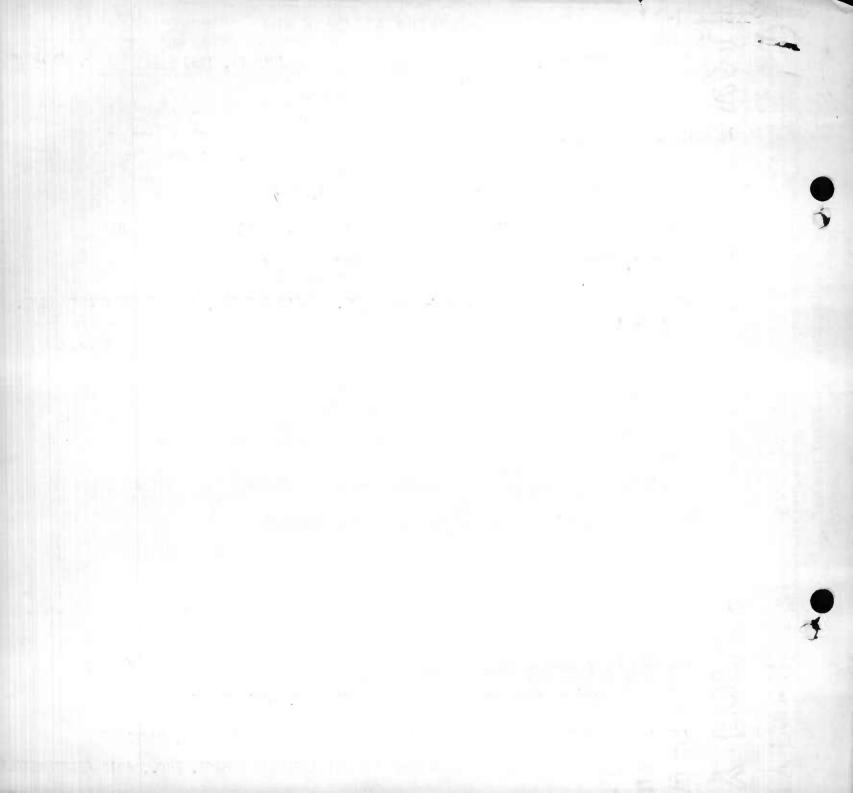
BIRTH NO.	MED	ICAL EX	AMINER 3 CI	EKTIFICA	IE OF I	DEATH Regist	ered No	
M.E. CASE NO.								
Type or Print)	CEASED		0		2. DATE AN	D HOUR PRONOUNG		
			D. Malinow			7/12,		5:00 a. M.
B. PLACE IN BALT	TIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESID	ENCE (Where	deceased lived. If ins B. CO	titution: res	sidence befare admission
TULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET		Maryland		DUIDAI	
HOSPITAL OR	ADDRESS OR LOCA	(NOIT)		C. CITY OR TO	WN (It autsid	e carparate limits, writ	e KURAL d	and give township)
					Balti	more	1-	00
/				D. STREET ADD	RESS (If rural,	give location)		
Ma	ryland Genera	al Hospi	tal		900 Ca	thedral St.	Alba	ion Hotel
S. SEX	6. RACE	7. MARRIED,	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRT	Н	9. AGE (In years lost birthday)	If Unde	or 1 Yr, If Under 24 Hrs Doys , Haurs , Min.
male	white	Marr		June 3.	1918	48		
		108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(Stole or foreig		12. CITIZ	
-	warking life, even if retired)	0-01	- 01	D . 0 4 '		. 0 1		AT COUNTRY?
3. FATHER'S NAM	A E	Self-	Employed	Baltim 14. MOTHER'S M	AIDEN NAM	ryland	1	SA
Mayer	Malinow ED EVER IN U.S. ARMED	FORCES?	16. SOCIAL	Betty M	alinow	(Braun)	ADDRES	SS
	(If yes, give war ar date		SECURITY NO.					Charles and the second
YES	W. W. 11 Ai	r Force	217-01-7727	Mrs. Fr	ances M	alinow. 302	1 N.	Calvert Stre
18.	7 /		CAUSE	OF DEATH				INTERVAL BETWEEN ONSET AND DEATH
OTHER SIG	NG CONDITION LAST. II INITION CONDITIONS DEATH BUT NOT RE	LATED TO T						
DISEASE O	F CONDITION CAUSING		WHICH OPERATION	20A. AUTOPSY	(? (Yes or No)	20 B. IF YES, WERE F	INDINGS	CONSIDERED
ö ,	WAS PER		William or Charles	yes		IN CERTIFYING CAL	ISES OF D	EATH?
UNDERLYING	L CAUSE WAS OR CONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., form, factory, street, a	in ar about 21C. \ ffice bldg., INJUR	WHERE DID Y OCCUR?	(If in Boltimore City, g		
21 D TIME OF INJURY (APPROX.)	(Month) (Day) (Yeo		VHILE AT NOT WORK AT W	WHILE	ILNI DID WO	JRY OCCUR?		
22. I cer	tify that I held on I	nguiry	Inspection Aut	apsy x an	d that on th	is basis, death In	my opinic	on
	Ited from: Natural ca		ccldent Suicide			Undetermined man		THE RESERVE
1930	Total Ca	/ A	Jorcia			AMINER	~·	
ACTUA	L 11/1910	ha	- //					DATE SIGNED
SIGNAT	URE Worner	II Conta	M.D.	ASSISTANT M				7/10/66
EXAMIN NAME (U. Spit	z/M.D.	ASSOCIATE N	MEDICAL E	XAMINER		7/12/66
A. BURIAL CRE	MATION, 238 DATE	23	C. NAME OF CEMETERY O	CREMATORY	23 D. L	OCATION (City	y, town, ar	county) (State)
EMOVAL (Specif	(y)							
Burial	7/14/		Shaarei Tfil	oh Cong.	AL 515	Baltimore	. Mari	yland
	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNER	AL DIRECTOR	7 7 77 17		ADDRESS
	JUL 14 1966	Coler	r E, Standon MA	SOR 10	vinson	& Bros. Inc	. 60	10 Reisterst
VS 151-REV. 1/1/				P 0.0 EC	-0100076	U 0.000 \$ 2750	., .,	

At the Man of the County of th IN SUMMER MINE, as I SE CAMER AND STATER OF SEATING ME SECRETARIES medical promiser freeze A STER COST NORTH TO NOW IN THE STER OF THE PARTY OF THE

DIRECTOR:

FUNERAL

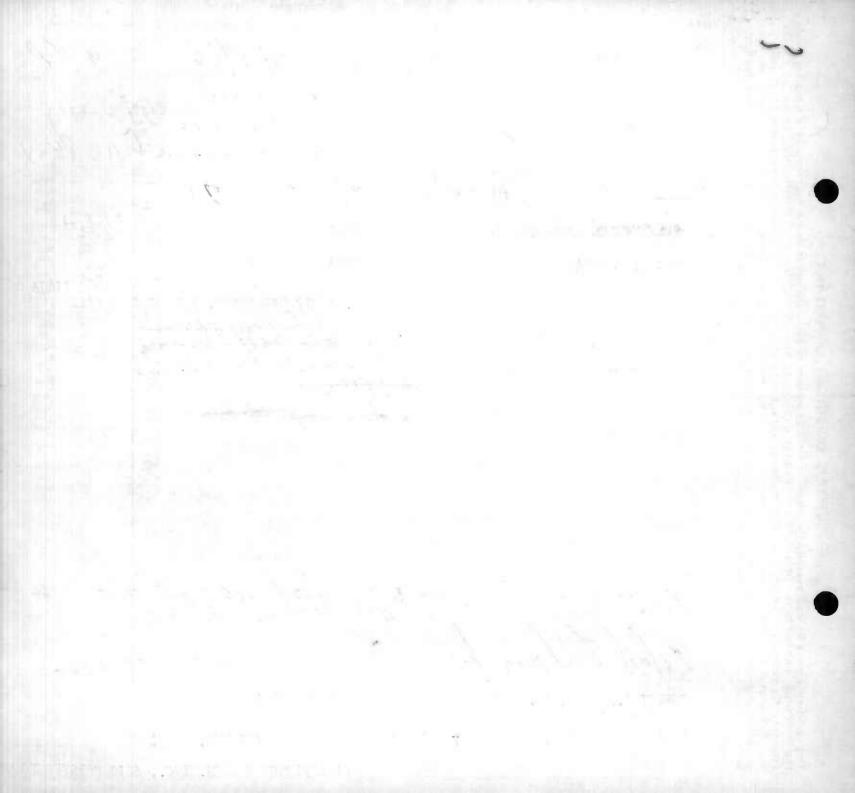
BALTIMORE CITY HEALTH DEPARTMENT



IMPORTANI

DIRECTOR:

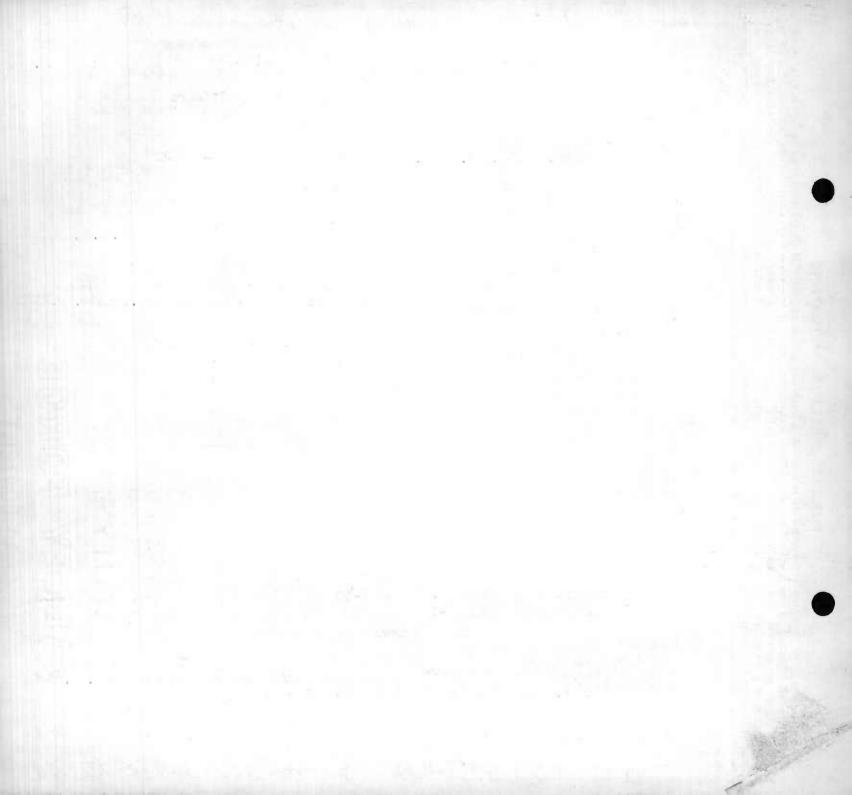
FUNERAL



7-1-1 worst us house Integrand Love and hondy and Brown pomalestral W News Manied 55 10 21 21 All my my Dewy School tracker purcell willy Tho V.M.D Trans Istigoot the state of the s 4 September Blish mosts sping + mysel also relia ouostruscu g Concerne By color Carcinoma geolos No-0 6/20/0 7/4 . 6632 64 Files Mas Num 2 1 m/ C Maryland General House

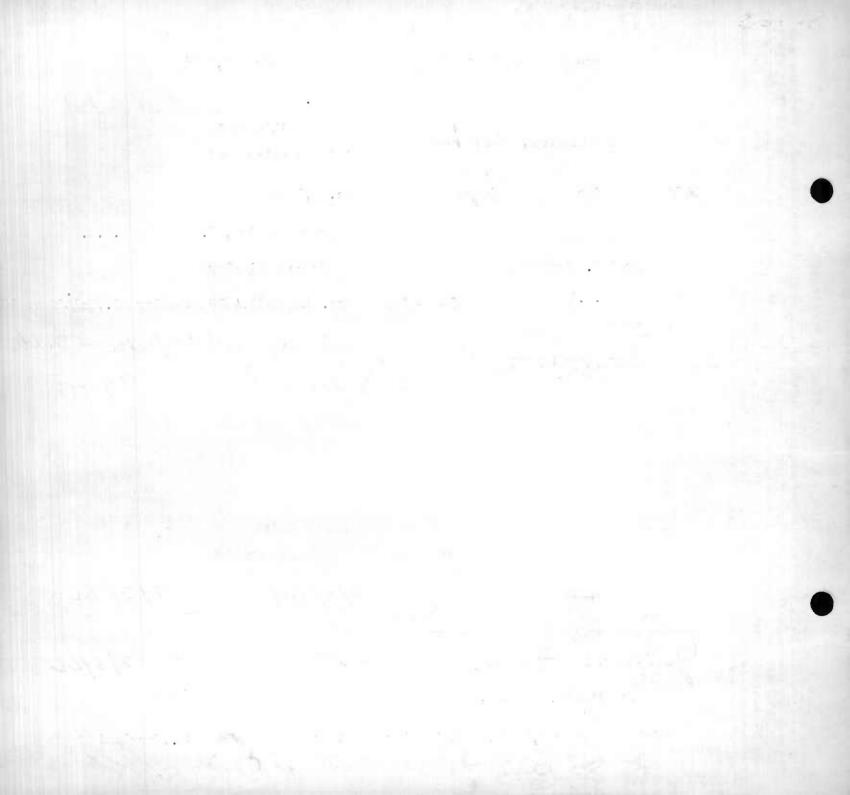
DIRECTOR:

FUNERAL



VS 150-REV. 1/1/65

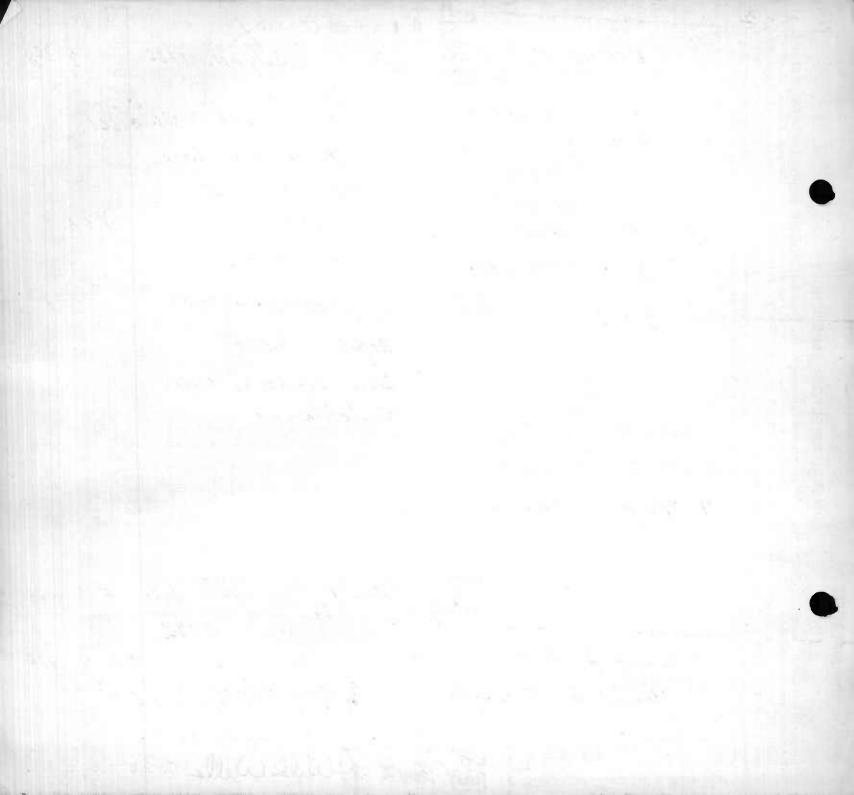
	00 074	94	BALTIMORE CITY	HEALTH DEPARTMENT		CC 07121		
BIRTH NO.	66 071	.3.1	CERTIFICA	TE OF DEATH	Registered No	. 66 07131		
A.E. CASE NO.	CEASED				AND HOUR OF DEAT	Н		
Type or Print)		non Che	Lacara					
3. PLACE OF D	Joseph En	RYLAND	ppard	4. USUAL RESIDENCE (W	here deceased lived. If	institution: residence before admission		
				A. STATE B. CO	UNTY	This indicate testing the same same same same same same same sam		
FULL NAME		or institution,	give street	lid.		-/-/4		
INSTITUTION			Dank		outside city limits, writ	e RURAL and give township)		
0	4619 Sch	_			more 10			
	Baltimor	e, Mar	yland		(If rurol, give location)			
				4619 Schenle	<i>y</i>			
5. SEX	6. RACE		NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.		
Male	White		orcea	Dec.29,1898	67			
	CUPATION (Give kind of work of working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fe	oreign country)	12. CITIZEN OF WHAT COUNTRY?		
one doring most c	or working me, even in remed,			Normal Com	100			
3. FATHERS NA	AME			HOWARD COU	IAME	U.S.A.		
Se	amuel T. Shepp	ard	19.4	Frances	Hipsley			
Yes, no or unknav	ed Ever in U. S. Armed Formun (If yes, give wor or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
ies	W.W.l		215-05-2473	Mrs.Edna Ha	11.2619 Sche	nley Rd. Baltimore		
18. // つ	6 1		CAUSE O	DEATH		INTERVAL BETWEEN		
TOISE	ASE OR CONDITION DIR	RECTLY		0 + 1	110	ONSET AND DEATH		
	LEADING TO DEATH		(1)	Quite my	ocavollal y	n/antigu - Suda		
	nal mean the made of		DUE TO	/-	0 704 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<i>y</i>		
	e, asthenia, etc. It means amplication which caused		-0	(11 h		2 years		
	ANTECEDENT CAUSES (B) CL'			5.14.D.	· ^	2 9203		
DISEASES	EASES OR CONDITIONS, if any, giving							
	he abave cause (A)		(C)					
UNDERLYIN	NG CONDITION last.		************		GH H I I I I I I I I GOOD GOOD GOOD GOOD GOO			
_	- 11			······································				
	NIFICANT CONDITIONS C							
DISEASE OF	R CONDITION CAUSING I	т.						
H 19A. DATE C	OF OPERATION 198. CON WAS PERF		WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?		
19A. DATE C								
OR CONTROL	ENT WAS UNDERLYING BUTING CAUSE OF	21 B	PLACE OF INJURY (e.g., in	fice bldg., INJURY OCCUR?	(If in Boltim	nore City, give exact location)		
DEATH foot	fy medical examiner))						
21D. TIME OF INJURY	(Month) (Doy) (Year)	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?				
S OF INJURY			While At Not While At Work					
			3/1/11		3/3/1			
22. I certif	y that (I) (this hospita l) attended t	he deceased from	-17/64	19ta	1/3/66 19		
that (I) (we	a) last saw the decease	d alive an	7/3/66	19and	that in (my) (vor) a	pinian death accurred an the d		
and haur a	nd fram the causes stat	ed abave. (I	I) (We) (did) (did nat) v	iew the bady after deat				
TA SIGNAT						23B. DATE SIGNED		
test	uno C /s	less		nding Med.	Stoff	7/5/1		
2 C. PHYSIC	IAN'S		Phy:	Director Director	Phys.	10/66		
NAME	(Type)	OT TIOT			matara Da	2 4		
	JULIUS C.	GLUCK,	M.D.	5356 Reiste	rstown Roa	au		
24A. BURIAL CE REMOVAL	REMATION, 248. DATE	24C. N.	AME of CEMETERY of CRE	MATORY 24D.	LOCATION	(City, town, or county) (State		
B uris		7046 18	ountain Wier-	omotom:	Harris A.	2/		
	D BY HEALTH DEPT.		ountain View C	25C. FUNERAL DIRECT	Howard Co.	Maryland		
11	JI 14 1966 A	0 0	. Farboura	- Tanah (N/ N/	116 h 41		
	1000 06	vau -	, description	Junion)	T. Ilane	Cl. V Meende		
/S 150_PEV 1/1	/65				/	/		

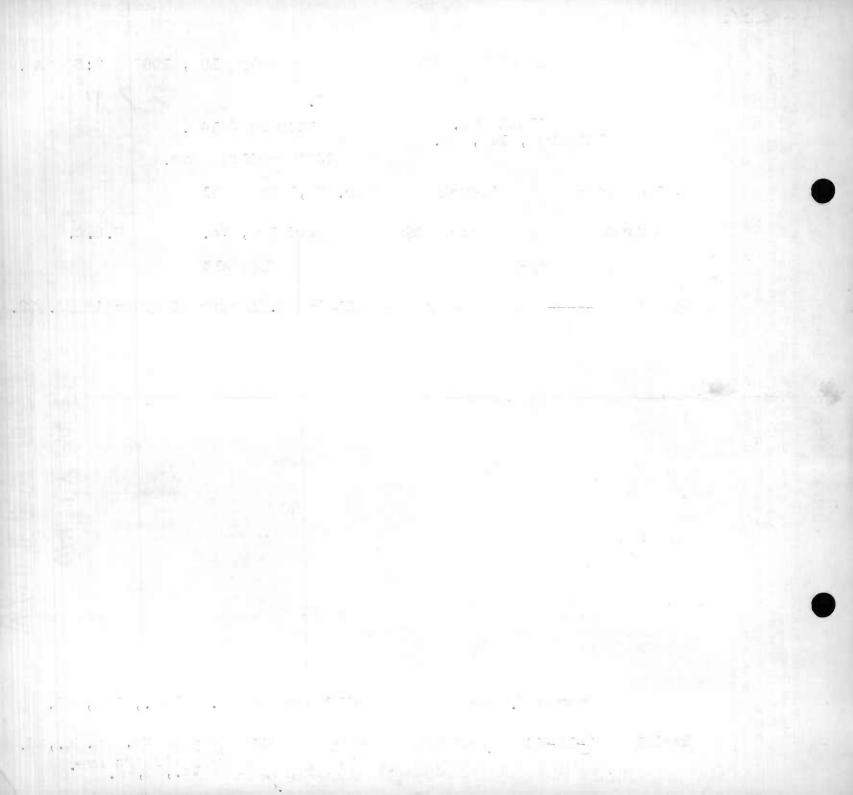


V\$ 150-REV. 1/1/65

All portion and to the second second and the second

VS 150-REV. 1/1/65





FIAL

KOW

Balto . md . 21231

IMPORTANT

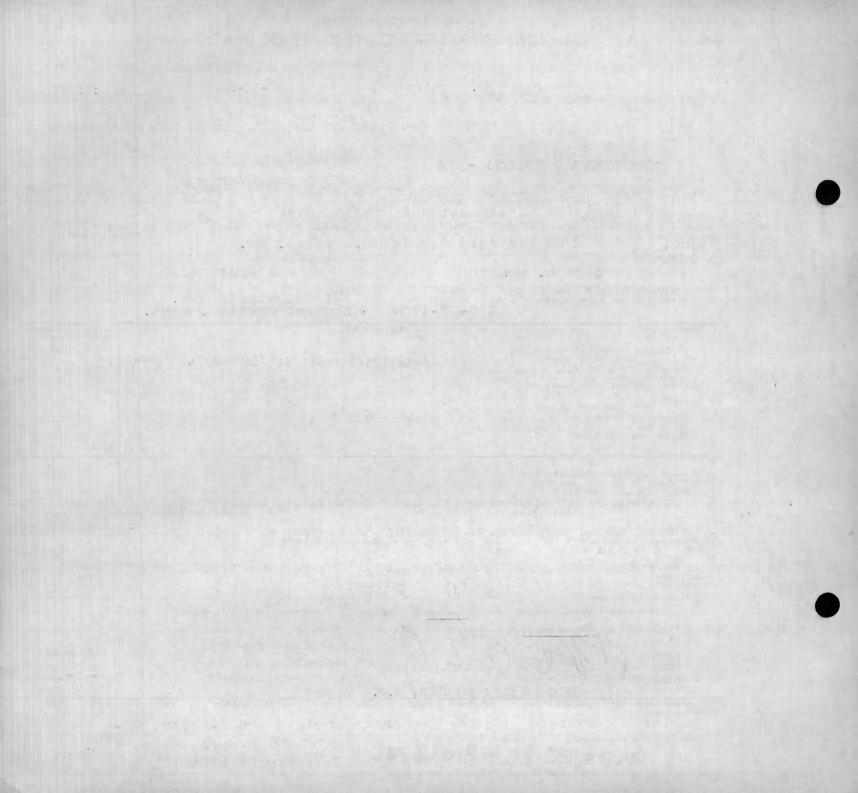
DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

8/8 hi 75 GAMA 21 Harry - Commercial Com 66 07136

BIRT	H NO.	MED	CAL EXAMINER'S	CERTIFICAT	E OF D	EATH Registe	red No	
-	CASE NO.							
1. P	NAME OF DECEASE	D			2. DATE AND	HOUR PRONOUNC	ED DEAD	
			GARET M. SUNDERLA	ND 4. USUAL RESIDI	7-12 ENCE (Where d	-66 eceosed lived. If inst	itution: resid	8:25 P. M. lence before odmission)
IHO:	L NAME OF (SPITAL OR (INTUTION	IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET (TION)	Marylar	nd VN (If outside	corporate limits, write		
	UNION	MEMORIAL H	OSPITAL - DOA	D. STREET ADDR				
5. S			7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) separated	8. DATE OF BIRTH 2/16/19	1	9. AGE (In years lost birthday)	If Under Months	1 Yr. If Under 24 Hrs. Doys Hours Min.
		White	108. KIND OF BUSINESS OR INDUST			52	12. CITIZE	N OF
done	during most of workin	a life oven if retired)	ris Auto Supply		to. Md			COUNTRY?
13, 1		Geørge L.	. McLean		Marga:	ret Lorek		
15. V (Yes,	no or unknown) (If ye	ER IN U.S. ARMED	FORCES? 16. SO CIAL SECURITY NO. 216-03-1754	17. INFORMANT	9 Delva	ale Ave.	ADDRESS	
			210-03-1734	Margar	et Gre.	lley, dgh	l.	
	DISEASE O	I R CONDITION DI DING TO DEATH	RECTLY	SE OF DEATH	aandia	vascular di	icassa	INTERVAL BETWEEN ONSET AND DEATH
	(This does not make the ort foilure, osth	teon the mode of enio, etc. It meons tion which coused	dying, e.g., DUE TO	IOSCIETOCIO	Caruio	vasculai u	Locase	
	DISEASES OR C	CENDENT CAUSE CONDITIONS, IF A DVE CAUSE (A) ST CONDITION LAST.	NY, GIVING DUE TO		•			
Z			(C)		***************************************			
CERTIFICATION	TO THE DEA	II ANT CONDITIONS I'H BUT NOT REI NDITION CAUSING	ATED TO THE					
CERT	19A. DATE OF OPE		DITION FOR WHICH OPERATION	20A. AUTOPSY		OB. IF YES, WERE FILE		
0	21A, EXTERNAL CAUNDERLYING OR UTING CAUSE O	CONTRIB-	218. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	, in or obout 21C. W	HERE DID (III	in Boltimore City, gi	ve exact lo	cotion)
Σ	21 D TIME (Mo OF INJURY (APPROX.)	nth) (Doy) (Yeor	WHILE AT NOT	WHILE WORK	W DID INJUR	RY OCCUR?		
	22. I certify t	hat I held an I	nquiry Inspection X A	utapsy and	that an this	basis, death In m	ny apinian	
	resulted f	ram: Natural car	ses X Accident Suici	de Hamicie	de Ur	determined manne	er 🗌	
-	ACTUAL	CADO	onting h	CHIEF ME D. ASSISTANT ME	EDICAL EXA			DATE SIGNED
	SIGNATURE EXAMINER'S NAME (Type		EER BREITENECKER M.	ASSOCIATE M				7-13-66
	BURIAL CREMATI	1100000	23C. NAME OF COMETERY		23 D. LO	CATION (City,	town, or co	ounty) (Stote)
	Burial	7/16/6			~	Baltimore	,	
24A	DATE REC'D BY H		Poleub E. Falley		unek F	uneral Ho s Lane	me, 1	nc.

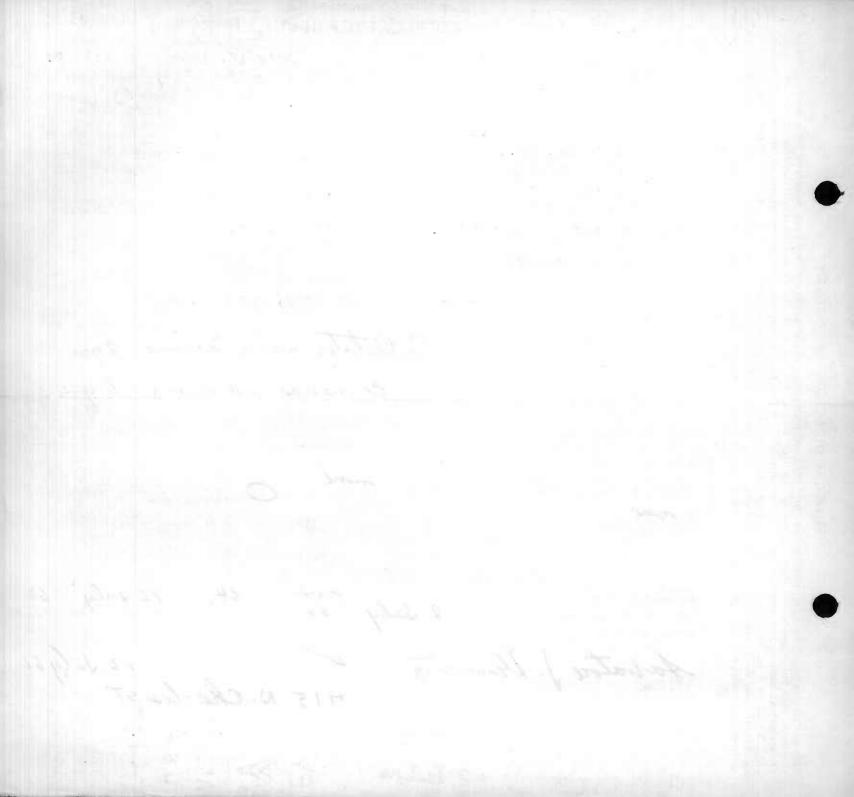


DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

LATER OF ACRES HENDER 75 pe Philiale lphia Bel: Fear Palmong lookele - - 1 Para



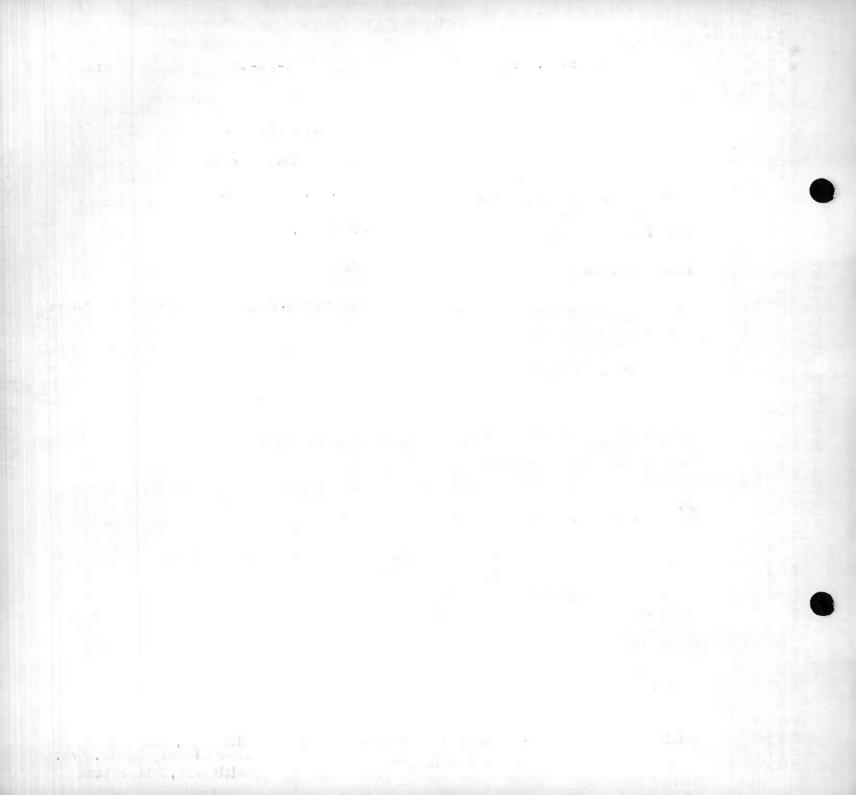
17	BALTIMORE CITT F	TEALIR DEPARTMEN

BIRTH NO.	MEDI	CAL EXA	MINER'S C	ERTIFICA	TE OF I	DEATH Registe	ered Na	
M.E. CASE NO.					7			•
1. NAME OF DEC		07.000	LEDNUM		2. DATE AN	D HOUR PRONOUNC	ED DEAD	BITTLE
117,00 01 1 11111	JAMES	S OLON	-LEDMAN		July	y 10, 1966		10:25 A M.
3. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOUNCE	ED DEAD	4. USUAL RESID	ENCE (Where	deceased lived. If ins	titution: resi	dence before odmission
LOUIS NO.				A. STATE	arvland	B. CO	TINU	talled
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	AL OR INSTITUTION	N, GIVE STREET			e corporate limits, writ	e RURAL o	and give township)
	Universi	ty Hospita	.1	St.	Michae	els	12	0-00
	oniversi	ry nospita		D. STREET ADD				
5. SEX	6. RACE	7. MARRIED, NEV		B. DATE OF BIRT	н	9. AGE (In years lost birthday)	If Under	r 1 Yr. If Under 24 Hrs Doys : Hours , Min.
Male	White	Marr	ied	May 13,	1939	27	1	
	JPATION (Give kind of work working life, even if retired)	IOB. KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreig	n country)	12. CITIZ	EN OF AT COUNTRY?
	nter	Be	atyard	Mar	yland		B	
13. FATHER'S NAM				14. MOTHER'S M	AIDEN NAM	E		
	James R.	Ladnum		d.	thanty	ne Cooper		
15. WAS DECEASE	D EVER IN U.S. ARMED		SO CIAL	17. INFORMANT	remer, TI	te caabet.	ADDRES	S
	Ilf yes, give wor or dote		SECURITY NO.					71,000
Yes	56-57			Mrs. C	atheri	ne U. Led:	num	
1B.	124		CAUSE	OF DEATH	St. M	ichaels,	md.	INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DI	PECTLY		12-1	P			ONSET AND DEATH
	LEADING TO DEATH		(A) Cerc	brocrania	1 injur	ies	-37 10	1 - 4 - 4 - 4
(This does	not mean the mode of sthenio, etc. Il means	dying, e.g.,	DUE TO		0		***************	• 0 0 0 0 0 = ···· 0 0 0 0 0 0 0 0 0 0 0
injury or co	mplication which caused	deoth.)			0			
,	ANTECENDENT CAUSE	·						
	OR CONDITIONS, IF A		(B)					
RISE TO TH	E ABOVE CAUSE (A) ST		DOE 10				- 1	Line Carlotte
	TO CONDITION LASI,		(C)			000000		
<u> </u>	11							
OTHER SIG	NIFICANT CONDITIONS		•					EAST TO SE
E TO THE	DEATH BUT NOT REL							
-	OPERATION 198, CON		CH OPERATION	20A. AUTOPSY	? (Yes or No)	208. IF YES, WERE FI	NDINGS C	ONSIDERED
0	WAS PERI					IN CERTIFYING CAU		
21A EXTERNA	L, CAUSE WAS	21 P P1 A	CE OF INTURY (S.C.	Yes		(If in Boltimore City, g	i	anation)
UNDERLYING	FOR CONTRIB-	home, for	m, foctory, street,	ffice bldg., INJUR	OCCUR?		ive exoct is	0001011)
W	SE OF DEATH.	etc.)	Road	1	mile no	Rte. 213 orth of U.S.	Ret	#50
21D TIME	(Month) (Doy) (Year	(Hour) 21 E. I	NJURY OCCURRED		OW DID INJU	LOW A GOLLAG		
(APPROX.) 7-	10-66	WHIL WORK	E AT NOT	WHILE X by	vehicle	while lyin	ig on	y run over highway
22. I cer	tify that I held an I	nquiry 🗌 🔝 In	spection Au	topsy X an	d that an thi	is basis, death in	my apinia	n
resul	ted fram: Natural cas	ses Acci	dent X Suicid	e Homici	de 🗌 U	Indetermined mann	er	
		/				AMINER X	ALC: N	
ACTUA		f- will	W.D	ASSISTANT M		C-73		DATE SIGNED
EXAMIN NAME (IER'S Russe	11 S. Fis		ASSOCIATE M			Jı	uly 11, 1966
23A, BURIAL CRE		23C N	AME of CEMETERY	CREMATORY	23 D. I	OCATION (City	, town, or	county) (Stote)
REMOVAL (Specific Buris	2	12266	Neavitt C		200. [3/	1 9
24A, DATE REC'D	BY HEALTH DEPT.	24B NAME OF			AL DIRECTOR	Neavitt,	Mary	ADDRESS
		1000	70	11	4	1 - 2 /	800	
J	JL 14 1966 (but E.	Jansey	5-1,5-1a	witch	on itto	and	on 1
VS 151-REV. 1/1/	65	6				VI- Jan : D	- 1	on

the months of the little must be a second of the second THE REPORT OF THE RESERVE entition and a second s Western Jaivan Boultay Little Dear to see the sections

DIRECTOR:

FUNERAL

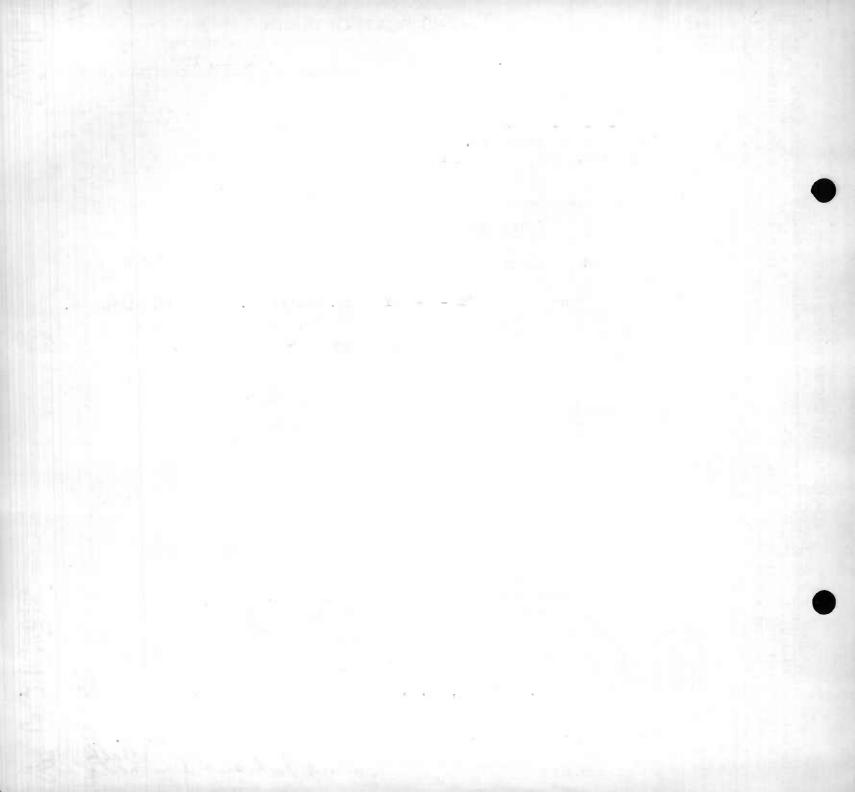


Baltimore Union Nemanal Hayerted 3501 Barelay & 21218 12-03-85 86 M Widowad New-York USA Retired I Albert Sum the Muhranen Regtured contre accumpa-7. 6. 66 Suptered Norte Avenue. No Felix J Martin N 7 12 66 The Samon Hermanist Horald FELIX J MARTIN

VS 150-REV. 1/1/65

			BALTIMORE CITY	HEALTH DEPARTMENT		66 07	7112
BIRTH NO.	66 07143	3	CERTIFICA	TE OF DEATH	Registered No.	•	7.40
M.E. CASE NO.	EASED			2. DATE	AND HOUR OF DEATH	1	
(Type or Print)	Charles	W.	Glenn		uly 11, 1966		
3. PLACE OF DE	ATH IN BALTIMORE, MAR			4. USUAL RESIDENCE (V	here deceased lived. If		before admissio
FULL NAME C		r institution,	give street	A. STATE B. CO Maryland	UNTY		
HOSPITAL OR	address or location			C. CITY OR TOWN (If	outside city limits, write	RURAL and give of	ownship)
Ho	ouse-in-the-Pi	nes-Bel	vedere.	Baltimore	/3		1
0 25	525 West Belve	dere Av	re.	D. STREET ADDRESS	(If rural, give location)	3	7
Ba	altimore, Mary	land	21215	2323 North	Monroe Stre	et.	
SEX		7. MARRIED.	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr.	, If Under 24 H
Male	White	WIDOWED	DIVORCED (specify)	10/3/1885	lost birthday)	Months Doys	Hours Min.
				11. BIRTHPLACE (Stote or f		12. CITIZEN OF	1
ane during most of	working life, even if retired)			711 21111 211 22 (31010 01 1	oreign country;	WHAT CO	UNTRY?
Retired	¢	onstruc	tion Worker	Maryland			
FATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME		
	Robert G	lenn		Martha	Jane Rol	oinson	
. Was Deceased es, no or unknown	Ever in U. S. Armed Forc	es? of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDR	ESS
No	None		217-03-4901	Mrs. Mildred	S. Boyd 78	03 Aiken	170
18.4 00			CAUSE OF		0 0 0		AL BETWEEN
DISEASES (ANTECEDENT CAUSES OR CONDITIONS, if a e abave cause (A) G CONDITION last.		DUE TOY	pertenent &	iteorles (caso v	ky.
TO THE D	II IFICANT CONDITIONS COMMENT BUT NOT RELATED TO CONDITION CAUSING IT	TED TO TH	E				
19A. DATE OF	OPERATION 198. CONE	ORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or	IN CERTIFYING C.	FINDINGS CONSI	DERED
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medical examiner)	218. hom etc.)	e, form, foctory, street, of	or obout 21C. WHERE DID INJURY OCCUR	(If in Bottimo	ore City, give exact	location)
21 D. TIME OF INJURY (APPROX.)	(Month! (Doy) (Yeor)		INJURY OCCURRED ite At Not While At Work		INJURY OCCUR?		
that (I) (we)	that (I) (this hospital)	d olive an	July		that In(my) (our op	pinion death occi	19 66 urred on the d
23A. SIGNATU	Lew	d Ka	lion M. Atte	nding Med. Director	Stoff Phys.	23 B. DATE SIGN	766
NAME (1		. Kolm	nan, M.D.		Heights A	Avenue B	alto Md
AA. BURIAL CRE REMOVAL (Buria			AME of CEMETERY of CRE		Harford Coun	City, town, or count	y) (Stote

25C. FUNERAL DIRECTOR



FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 His.

Hours

V2153-7/19/66

Was

of death Deceased and

ing cause cause; (5) I

hospital

2.

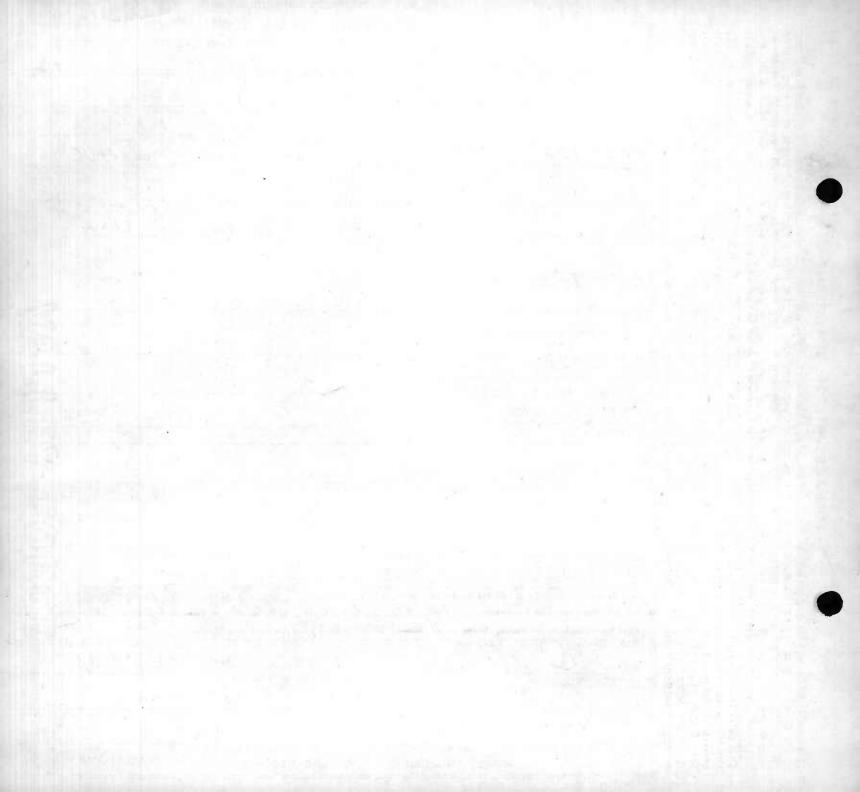
20

ance

attend 10

death.

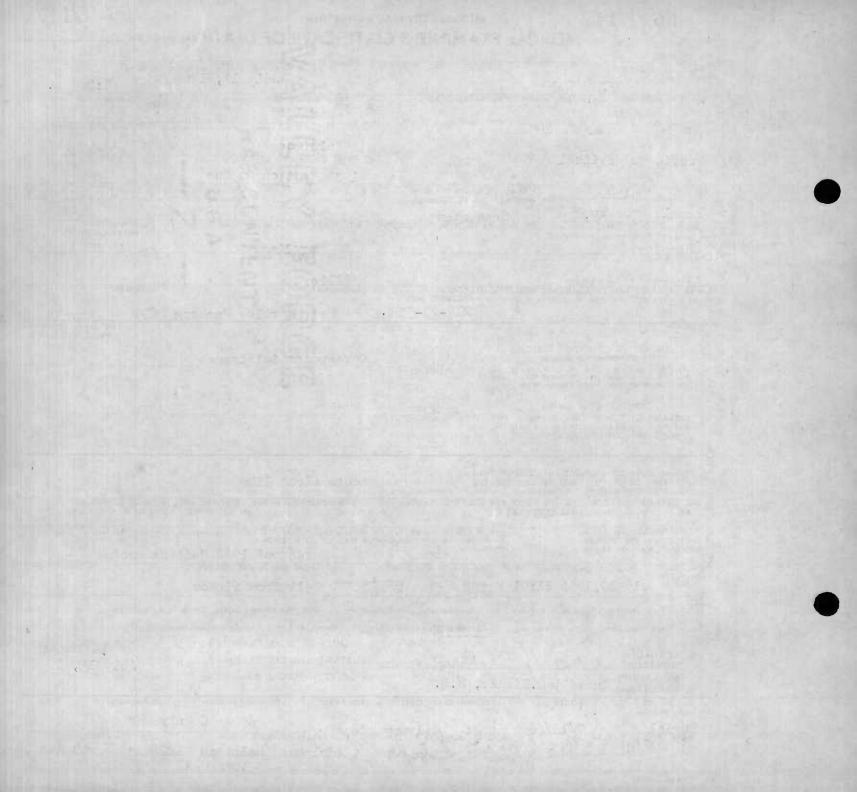
and that in(my) (aux) aplnian death accurred an the date 7/16/66 County Burial Calvary Cemetry 25A. DATE REC'D BY REAUTH DEPL ADDRESS 25C. FUNERAL DIRECTOR 1206 North HalsteAD VS 150-REV. 1/1/65



D-66 07147

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Registered No
	EVIV WATER OF		\sim	

M.E. CASE NO.		, tittli tek o Ci	EKTII ICATIE OF D	LATITUDE	
1. NAME OF DECEASED				HOUR PRONOUNCE	ED DEAD
(Type or Print) Mary Durham			July	11, 1966	1:20 a. M.
3. PLACE IN BALTIMORE, MARYLAND, W			A. STATE Maryland	B. COU	
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA INSTITUTION	TION)	HON, GIVE SIREE!	Baltimore	corporate limits, write	RURAL and give township)
Provident Hospital			D. STREET ADDRESS (If rurol, g	give location)	1
			1930 Madison A	venue	
5. SEX 6. RACE Female Negro	WIDOWED, D	NEVER MARRIED DIVORCED(specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy) 54	If Under 1 Yr. If Under 24 Hrs. Months, Days Hours Min.
Temale Negro 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
Unemployed 13, FATHER'S NAME			N Carotina		USA
and the state of t			24422		
15. WAS DECEASED EVER IN U.S. ARMED	FORCES?	16. SOCIAL	Millie 17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or date		SECURITY NO. 212-22-5588	Mrs Myrtle	Taglegon	/00 31 0
18.	,		OF DEATH	Jackson	623 W Lanvale St
DISEASE OR CONDITION DIL LEADING TO DEATH (This does not meen the mode of heart foilure, asthenio, etc. It meens injury or complication which caused of the complication of the course	dying, e.g., the disease, death.) S NY, GIVING	(A) DUE TO (B) DUE TO	Cerebrocranial	trauma	
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON	ATED TO TH		Acute alcoholist	n	
19A. DATE OF OPERATION 19B. CON WAS PERI	DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or No)	OB. IF YES, WERE FIN N CERTIFYING CAUS	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	etc.)	home		1930 Madiso	//
OF INJURY (APPROX.) July 10,1966 11		HILE AT NOT W	WHILE X Fell from		
22. I certify that I held an Ir			V	basis, death in m	ny apinian
resulted fram: Natural cau	ses A	coldent X Suicide	Hamicide Ur	ndetermined manne	er .
ACTUAL SIGNATURE Cussel EXAMINER'S NAME (Type) Russell S		M.D.	CHIEF MEDICAL EXA ASSISTANT MEDICAL EXA ASSOCIATE MEDICAL EXA	MINER	DATE SIGNED July 11, 1966
23A, BURIAL CREMATION, 23B, DATE REMOVAL (Specify)	230	. NAME of CEMETERY o			town, or county) (Stote)
Burial 7/15/6 24A. DATE REC'D BY HEALTH DEPT. JUL 14 1966	24B. NAME Colvers	e Faluna	Adolphus Hal	A County Lstead 120	ADDRESS



oddress or location)

Negro

none

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

Baby of Florence Brown

Baltimore, Maryland 21217

(II not in hospital or institution, give street

Provident Hospital 1514 Division Street

BIRTH NO

M.E. CASE NO. I. NAME OF DECEASED (Type or Print)

FULL NAME DE

INSTITUTION

Male

none

Such

death.

prior

mad

disposition

or

embalmed

GLO

the remains

before

obtained

approval

eceased

o

3

the body

shows: SID CERTIFIC

MEDICAL

21 D. TIME

OF INJURY

5. SEX

(5) Deceased of death

hospital

0

uo

attendance cause

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFIC

A	TE OF DEATH	Registered No	. 66 1/148 7
	2. DATE A	ND HOUR OF DEAT	H .
	J	une 27, 19	10:30p M
	Maryla C. CITY OR TOWN (II ou Baltim D. STREET ADDRESS (IF	nd itside city limits, write ore rurol, give location)	6-06
	数数据 28	62 Harlem	Avenue
	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	II Under 1 Yr. II Under 24 Hrs. Months: Doys Hours Min.
	June 27,1966	- Commony	7 30
RY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?

10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST done during most of working life, even if retired) Maryland none none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME

none

Florence Brown Richard McCov 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or doles of service) 17. INFORMANT 1 6. SOCIAL

7. MARRIED, NEVER MARRIED

single

WIDOWED, DIVORCED (specily)

SECURITY NO. Florence Brown-mother

same

ADDRESS

U.S.A.

CAUSE OF GEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) 1. Prematurity (This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.) (B) 2. Hyaline membrane disease ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving to the obove couse (A) stoting the UNDERLYING CONDITION lost

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE DR CONDITION CAUSING IT.

(Month) (Doy) (Year)

19 A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? no

218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, loctory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)

21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? While At Not While

(APPRDX) At Work Work June 27. 22. I certify that (1) (this haspital) attended the deceased from June 27 19 66

66 June 27. that (I) (we) lost sow the deceased olive on ond that in (my) (our) apinion death occurred on the date

and hour and from the couses stated abave. (1) (We) (did) (did not) view the bady ofter deoth. 23A. SIGNATURE

23 C. PHYSICIAN'S

1966

(Hour)

Attending 23D. ADDRESS July 6, 1966

23B. DATE SIGNED

(II in Boltimore City, give exact location)

NAME (Type)

1514 Division Street-Baltimore, Md. 21217 24C. NAME of CEMETERY OF CREMATORY

25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR

VS 150-REV. 1/1/65

24A. BURIAL CREMATION, REMOVAL (Specily)

Total and the second of the se

NAME OF THE PARTY AND PARTY.

ADALYTIN SAME STATE

marga societada de la composição de la c

THE PROOF CARREST AND THE PARTY WHEN THE PARTY

v. resuber. ..

verse mestavos dilegnos

dane (7) the St.

and the state of the modern viscous and a second se

IMPORTAN

DIRECTOR:

FUNERAL

S. 60 . 64 5 340 1 149 JATUTORN COM DIFF STORY AND AND I SEE AX" Hide A12-20 See surely will in posses place CAPTURE HTITALIA Sign of the state Canin MITAL ATEL COLORS phanthan! At Satom, 12 Church How " 1607

M.E. CASE NO. 15425 00 0715(Registered No. CERTIFICATE OF DEATH of death Deceased Such 2. DATE, AND HOUR OF DEATH (Type or Print) uo hospital 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
A. STATE
B. COUNTY deat ance cause; (5) MARYLANI COUSE (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR address or location) C. CITY OR TOWN (If outside city limits, write RUBAL ond give towaship) 9 INSTITUTION atten D. STREET ADDRESS contributing P OFIL is made. Undetermined 10 If Under 1 Yr. Months: Doys 5. SEX 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. regul eceased WIDOWED, DIVORCED (specify) Hours last birthdoy) BOY 66 52 16A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State at fareign country) 12. CITIZEN OF disposition done during most of working life, even if retired) WHAT COUNTRY? death the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 4 DINKLEY AR NOLL TUDITH eath LO 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. attendance any CAUSE OF DEATH INTERVAL BETWEEN 10 pronounce ONSET AND DEATH DISEASE OR CONDITION DIRECTLY balmed RESPIRATORY FAILURE LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, ar injuly of complication which coused death.) em CONGENITAL ATELE CTASIS gul ANTECEDENT CAUSES 0 are DISEASES OR CONDITIONS, if any, giving n to the above cause (A) stating the physician the remains UNDERLYING CONDITION last. physician was burns; П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID where (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? hospital ON (9) MEDICAL DEATH (natily medical examiner) nature; 6 obtained 21 D. TIME (Manth) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY approved (except While At Not While [(APPROX.) and Work At Work 22. I certify that (1) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an. ond that in (my) (our) opinian death occurred on the date of hospital death) and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. must accident 23A. SIGNATUR Attending Med. Stoff M.D. 10 Phys. Phy s. written approval 0 23 C. PHYSICIAN'S 23D. ADDRESS prior 40 24A, BURIAL CREMATION. 24C. NAME of CEMETERY OF CREMATORY ased o REMOVAL (Specify) 19166 shows: ece SD 25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 3

IMPORTANT

DIRECTOR:

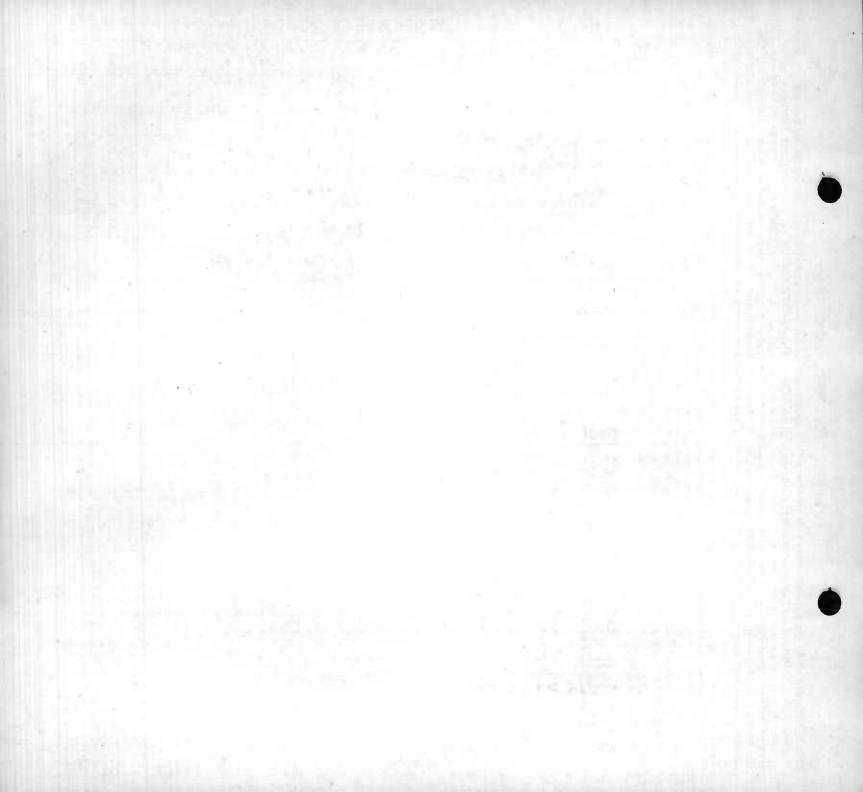
FUNERAL

VS 150-REV. 1/1/65

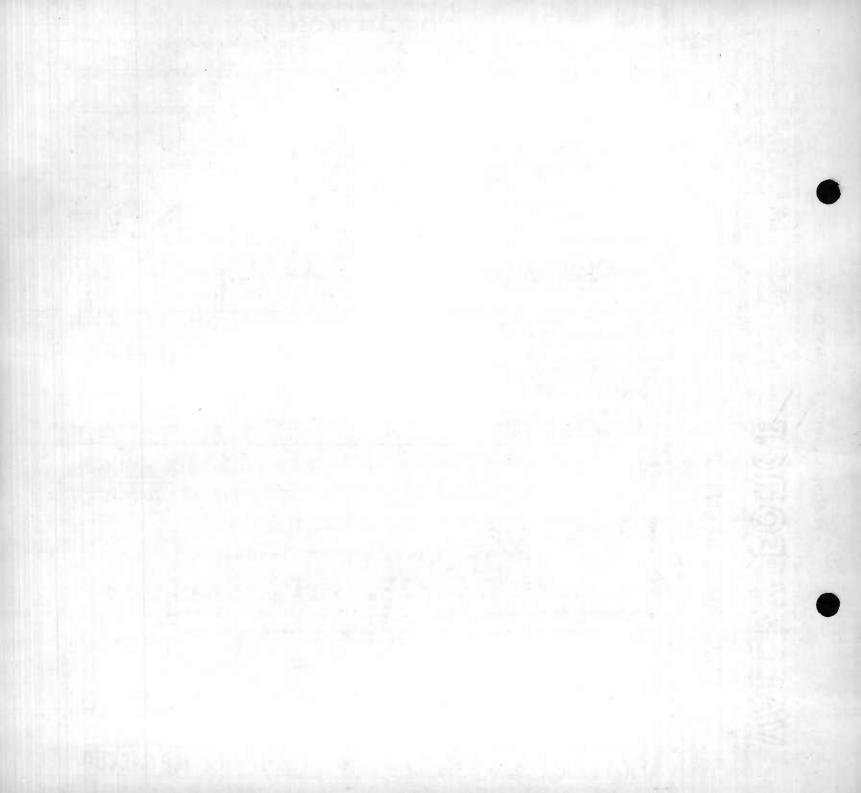
BALTIMORE CITY HEALTH DEPARTMENT

77 60 00 A 1.6 Super 30. Church How offer

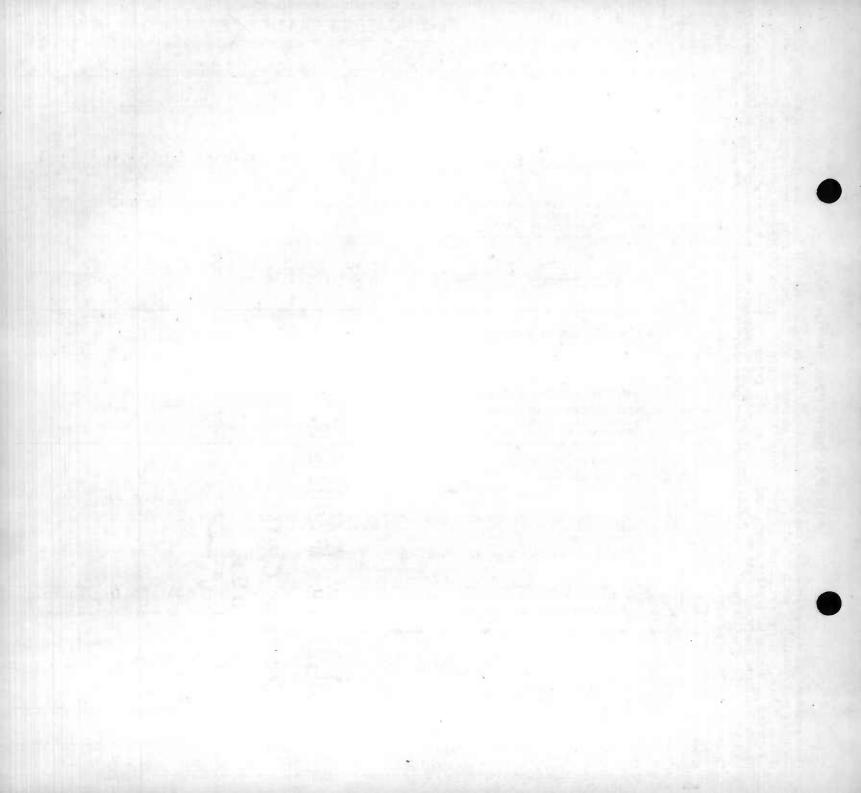
	DO STORY	1 h. 1		D = 1.44 - 1 M.	00 07131
BIRTH		CERTIFICA	TE OF DEATH	Registered No	
	CASE NO.		2. DATE AND	HOUR OF DEATH	0.0
	or Printl PAAT B	SY RA-1	1.1.11	66	15%
3. PL	ACE OF DEATH IN BALTIMORE MA	RYLAND	U USUAL RESIDENCE (Where	deceased lived. If ins	titution; residence before admiss
			A. STATE B. COUNT		moneta learnetice beine duling:
	ILL NAME OF (If not in haspital	or institution, give street	MP		
	OSPITAL OR address or location STITUTION	n)	C. CITY OR TOWN (If outs	ide city limits, mite Bl	and give township)
		1 - 0	BALTIMORE	1	1-46
VI	NION MEMORI	AL HOST		rol, give location)	
			5420 NON	LATHWOOD	DE TI
. SEX	X 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9.	. AGE (In years	If Under 1 Yr. If Under 24
	B) CALL	WIDOWED, DIVORCED (specify)	6/6/66	ost birthday)	Months Doys Hours Mir
OA L	ISUAL OCCUPATION (Give kind of work	108. KIND OF BUSINESS OR INDUSTRY	11 RIPTHPLACE (State or foreign	n country)	12. CITIZEN OF
	during most of working life, even if retired)		and the state of t	ii coomiy	WHAT COUNTRY?
	-	~	MARTIAND	•	VSA
3. FA	ATHERS NAME		14. MOTHERS MAIDEN NAM	E	
1	EE RAY		PUTA SA	UTH	
_	0 4	2	17 115001441	1111	ADDRESS
Yes, n	as Deceased Ever in U. S. Armed Forman or unknown) (If yes, give wor or date	s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
18	8. 16 1	CAUSE C	DE DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIR	RECTLY			ONSET AND DEATH
	LEADING TO DEATH	155	CINABON INST	PHUIT	3hr 30m
(This does not meon the mode of	(A) 14. / I			
		dying, e.g., DUE TO			
	heoil foiluie, asthenia, etc. It meons	the diseose,		,	
		the diseose,			
	heoil foiluie, asthenia, etc. It meons	the disease, death.)	MANNITY, 3	31 was posts	
i	heoil foilure, asthenia, etc. It meons injury or complication which coused	the disease, death.)	MANNITY, 3	31 was posts	
E ei	heoil foiluie, aslhenia, etc. It meons injuly of complication which coused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ise to the above cause (A)	the disease, death.)	MANNITY, 3	31 was posts	
is C	heoil foiluie, asihenia, etc. It meons injuly of complication which coused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if	the disease, death.)		31 was posts	
i i	heoil foiluie, asihenia, etc. It meons injuly of complication which coused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if it is to like above cause (A) UNDERLYING CONDITION lost.	the disease, death.) (B) DUE TO Only, giving staling the (C)	MANNITY, 3	31 was posts	
i i	heoil foilule, asthenia, etc. It meons injuly of complication which coused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if it is a lo the above cause (A) UNDERLYING CONDITION lost.	the disease, death.) Only, giving stating the (C)	MANNITY, 3	31 was posts	
ATION	heoil foilule, asthenia, etc. It meons injuly of complication which coused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if it is to like above cause (A) UNDERLYING CONDITION lost.	the disease, death.) (B) DUE TO Only, giving stating the (C) CONTRIBUTING STED TO THE	MANNITY, 3	lage neder	A TM
ATION	heoil foilule, asihenia, etc. It meons injuly of complication which coused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if it is to like above cause (A) UNDERLYING CONDITION lost. 11 OTHER SIGNIFICANT CONDITIONS CAUSING I DISEASE OR CONDITION CAUSING I DISEASE OR CONDITION (AUSING I 194. DATE OF OPERATION 198. CON	the disease, death.) Only, giving stating the (C) SALO. CONTRIBUTING STED TO THE IT. DITTON FOR WHICH OPERATION	MANNITY, 3	lage nates	TM NDINGS CONSIDERED
ATION	heoil foiluie, asihenia, etc. It meons injuly of complication which coused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if it is a lo like above cause (A) UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CAUSED THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING 1	the disease, death.) Only, giving stating the (C) SALO. CONTRIBUTING STED TO THE IT. DITTON FOR WHICH OPERATION	prochusial kenon	lage neder	TM NDINGS CONSIDERED
CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ise to the above cause (A) UNDERLYING CONDITIONS CTO THE DEATH BUT NOT RELADISES OR CONDITION CAUSING I 194. DATE OF OPERATION 198. CON WAS PERITAL. ACCIDENT WAS UNDERLYING	the disease, death.) Only, giving stating the (C) Substituting the (C)	20A. AUTOPSY? (Yes or No)	lunge madeus 208. IF YES, WERE FI	TM NDINGS CONSIDERED
AL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ise to the above cause (A) UNDERLYING CONDITIONS CAUSENED THE RESIDENCE OF OPERATION CAUSING 1 9A. DATE OF OPERATION 1988. CON WAS PERI	the disease, death.) (B) DUE TO ONY, giving stating the (C) ONTRIBUTING ATED TO THE T. DITION FOR WHICH OPERATION FORMED	20A. AUTOPSY? (Yes or No)	lunge madeus 208. IF YES, WERE FI	TM NDINGS CONSIDERED SES OF DEATH?
AL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if itse to the above cause (A) UNDERLYING CONDITIONS CTO THE DEATH BUT NOT RELADISES OR CONDITION CAUSING 1 9A. DATE OF OPERATION 1988. CON WAS PERITOR CONTRIBUTING CAUSE OF CEATH (notify medical examiner)	the disease, death.) Only, giving stating the (C) Substitution of the true to the true true true true true true true tru	20A. AUTOPSY? (Yes or No) or or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	20B. IF YES. WERE FI	MDINGS CONSIDERED SES OF DEATH?
EDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ise to the above cause (A) UNDERLYING CONDITION to St. OTHER SIGNIFICANT CONDITIONS CAUSE OF CONDITION CAUSING ISEA OF OPERATION 198, CON WAS PERIOR OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF	the disease, death.) Ony, giving stating the (C) Substituting the (C) S	20A. AUTOPSY? (Yes or No) in ar about 21C. WHERE DID ffice bidg., INJURY OCCUR?	20B. IF YES. WERE FI	TM NDINGS CONSIDERED SES OF DEATH?
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ise to the above cause (A) UNDERLYING CONDITION To THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING ISEASE OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CEATH (notify medical examiner)	the disease, death.) Only, giving stating the (C) Substitution of the true to the true true true true true true true tru	20A. AUTOPSY? (Yes or No) In or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	20B. IF YES. WERE FI	TM NDINGS CONSIDERED SES OF DEATH?
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ise to the above cause (A) UNDERLYING CONDITIONS CTO THE DEATH BUT NOT RELADISES OR CONDITION CAUSING I 199A. DATE OF OPERATION 1988. CON WAS PERIOR CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CAU	the disease, death.) Only, giving stating the (C) Substituting (C) Substi	20A. AUTOPSY? (Yes or No) in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	20B. IF YES, WERE FIN CERTIFYING CAU	TM NDINGS CONSIDERED SES OF DEATH?
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if see to the above cause (A) UNDERLYING CONDITIONS CAUSES OTHER SIGNIFICANT CONDITIONS CAUSE OF CONDITION CAUSING 1 9A. DATE OF OPERATION 198. CON WAS PERIOR CONTRIBUTING CAUSE OF CONDITION CAUSING 1 9A. DATE OF OPERATION 198. CON WAS PERIOR CONTRIBUTING CAUSE OF CONTRIBUTION (Month) (Doy) (Year)	the disease, death.) Only, giving stating the (C) ONTRIBUTING (C) ONTRIBUTING (C) THE T. DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., hame, form, foctory, street, oetc.) (Hour) 21E. INJURY OCCURRED (While At Work) While At At Work (I) attended the deceased from (D)	20A. AUTOPSY? (Yes or No) In or about 21C. WHERE DID Iffice bldg., INJURY OCCUR? 21F. HOW DID INJU	20B. IF YES, WERE FIN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH? City, give exoct locotion)
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ise to the above cause (A) UNDERLYING CONDITIONS CTO THE DEATH BUT NOT RELADISES OR CONDITION CAUSING I 199A. DATE OF OPERATION 1988. CON WAS PERIOR CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CAU	the disease, death.) Only, giving stating the (C) ONTRIBUTING (C) ONTRIBUTING (C) THE T. DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., hame, form, foctory, street, oetc.) (Hour) 21E. INJURY OCCURRED (While At Work) While At At Work (I) attended the deceased from (D)	20A. AUTOPSY? (Yes or No) In or about 21C. WHERE DID Iffice bldg., INJURY OCCUR? 21F. HOW DID INJU	20B. IF YES, WERE FIN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH? City, give exact location)
MEDICAL CERTIFICATION TO DO 25 TO	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if see to the above cause (A) UNDERLYING CONDITIONS CAUSED THE BUT NOT RELADISEASE OR CONDITION CAUSING 1 OTHER SIGNIFICANT CONDITIONS CAUSED TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING 1 9A. DATE OF OPERATION 198. CON WAS PERIOR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) PID. TIME (Month) (Day) (Year)	the disease, death.) (B) DUE TO DUE TO DUE TO ONTRIBUTING STED TO THE T. DITION FOR WHICH OPERATION PORMED 21B. PLACE OF INJURY (e.g., hame, larm, factory, street, oetc.) (Hour) 21E. INJURY OCCURRED While At Not Whith At Work Not While At Work At Work At Work I) attended the deceased from the decease	20A. AUTOPSY? (Yes or No) 10 ar obout 21 C. WHERE DID 11 ffice bidg., INJURY OCCUR? 21F. HOW DID INJURY 12 A 13 A 19	20B. IF YES, WERE FIN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH? City, give exact location)
MEDICAL CERTIFICATION MEDICAL CERTIFICATION 7.00 7.	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if see to the above cause (A) UNDERLYING CONDITIONS CAUSED THE BUT NOT RELADISEASE OR CONDITION CAUSING 1 OTHER SIGNIFICANT CONDITIONS CAUSED TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING 1 9A. DATE OF OPERATION 198. CON WAS PERIOR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) PID. TIME (Month) (Day) (Year)	the disease, death.) Only, giving stating the (C) ONTRIBUTING (C) ONTRIBUTING (C) THE T. DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., hame, form, foctory, street, oetc.) (Hour) 21E. INJURY OCCURRED (While At Work) While At At Work (I) attended the deceased from (D)	20A. AUTOPSY? (Yes or No) 10 ar obout 21 C. WHERE DID 11 ffice bidg., INJURY OCCUR? 21F. HOW DID INJURY 12 A 13 A 19	208, IF YES, WERE FIN CERTIFYING CAU (If in Boltimore RY OCCUR?	NDINGS CONSIDERED SES OF DEATH? City, give exoct locotion)
MEDICAL CERTIFICATION MEDICAL CERTIFICATION 7.00 7.	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if size to the above cause (A) UNDERLYING CONDITIONS CAUSING IT TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING IT TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING IT TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING IT TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING IT TO THE DEATH WAS UNDERLYING TO RECONTRIBUTING CAUSE OF DEATH (notify medical examiner) TID. TIME (Month) (Day) (Year) OF INJURY APPROX.)	the disease, death.) (B) (C) ONTRIBUTING STED TO THE T. DITTON FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., hame, form, factory, street, oetc.) (Hour) 21E. INJURY OCCURRED While At Not Whith At Work (I) attended the deceased from ted above (I) (We) (did) (did not)	20A. AUTOPSY? (Yes or No) in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJU 19 ond tha view the body ofter deoth.	20B. IF YES, WERE FIN CERTIFYING CAU (If in Boltimore RY OCCUR?	NDINGS CONSIDERED SES OF DEATH? City, give exact location)
MEDICAL CERTIFICATION MEDICAL CERTIFICATION 7.00 7.	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if size to the above cause (A) UNDERLYING CONDITIONS OF THE DEATH BUT NOT RELADISES OR CONDITION CAUSING 1 9A. DATE OF OPERATION 1988. CON WAS PER! 11. A. A CCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF CONTRIBUTION (Day) (Year) OF INJURY APPROX.) 12. I certify that (I) (this hospital hot (I) (we) lost saw the decease and hour and from the causes stated CAUSE C	the disease, death.) (B) (DUE TO DUE TO DUE TO ONTRIBUTING ATED TO THE T. DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., hame, form, foctory, street, oetc.) (Hour) 21E. INJURY OCCURRED While At Not Whith At Work (c) Attended the deceased from ted alive on ted alive on ted above (f) (We) (did) (did not) M.D. Att.	20A. AUTOPSY? (Yes or No) in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJU 19	208. IF YES, WERE FIN CERTIFYING CAU (If in Boltimore RY OCCUR?	NDINGS CONSIDERED SES OF DEATH? City, give exoct locotion)
MEDICAL CERTIFICATION MEDICAL CERTIFICATION 7.00 7.	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if size to the above cause (A) UNDERLYING CONDITIONS CAUSING IT TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING IT TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING IT TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING IT TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING IT TO THE DEATH WAS UNDERLYING TO RECONTRIBUTING CAUSE OF DEATH (notify medical examiner) TID. TIME (Month) (Day) (Year) OF INJURY APPROX.)	the disease, death.) (B) (DUE TO DUE TO DUE TO ONTRIBUTING ATED TO THE T. DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., hame, form, foctory, street, oetc.) (Hour) 21E. INJURY OCCURRED While At Not Whith At Work (c) Attended the deceased from ted alive on ted alive on ted above (f) (We) (did) (did not) M.D. Att.	20A. AUTOPSY? (Yes or No) in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJU 19 ond tha view the body ofter deoth.	20B. IF YES, WERE FIN CERTIFYING CAU (If in Boltimore RY OCCUR?	NDINGS CONSIDERED SES OF DEATH? City, give exact location)
MEDICAL CERTIFICATION MEDICAL CERTIFICATION 7.00 7.	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if a both in the course of th	the disease, death.) (B) (C) ONTRIBUTING STED TO THE T. DITTON FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., hame, form, factory, street, oetc.) (Hour) 21E. INJURY OCCURRED While At Not Whith At Work (I) attended the deceased from ted above (I) (We) (did) (did not)	20A. AUTOPSY? (Yes or No) in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJU 19	20B. IF YES, WERE FIN CERTIFYING CAU (If in Boltimore RY OCCUR?	NDINGS CONSIDERED SES OF DEATH? City, give exact location)
MEDICAL CERTIFICATION AEDICAL CERTIFICATION 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION Tost. OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING 1 9A. DATE OF OPERATION 198. CON WAS PERI OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING 1 9A. DATE OF OPERATION 198. CON WAS PERI OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING 1 PA. DATE OF OPERATION 198. CON WAS PERI OTHER SIGNIFICANT (AUSING 1) PA. DATE OF OPERATION 198. CON WAS PERI OTHER SIGNIFICANT (AUSING 1) PA. DATE OF OPERATION (Day) (Year) DEATH (notify medical examiner) TO TIME (Month) (Day) (Year) DEATH (notify that (I) (this hospital hot (I) (we) lost saw the decease and hour and fram the causes state 3A. SIGNATURE BURIAL CREMATION, 124B. DATE	the disease, death.) (B) DUE TO DUE TO DUE TO DUE TO ONTRIBUTING ATED TO THE T. DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., hame, fortory, street, ortic) While At Not Whith At Work At Wore	20A. AUTOPSY? (Yes or No) 20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN CERTIFYING CAU (If in Boltimore RY OCCUR?	NDINGS CONSIDERED SES OF DEATH? City, give exoct location) 10
MEDICAL CERTIFICATION AEDICAL CERTIFICATION 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if size to the above cause (A) UNDERLYING CONDITIONS CAUSED THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING 1 OTHER SIGNIFICANT CONDITION CAUSING 1 9A.DATE OF OPERATION 198. CON WAS PERIOR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 11D. TIME (Month) (Day) (Year) 12D. TIME (Month) (Day) (Year) 13D. TIME (Month) (Day) (Year)	the disease, death.) (B) (B) (D) (C) (D) (C) (D) (C) (C) (C	20A. AUTOPSY? (Yes or No) 20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN CERTIFYING CAU (If in Boltimore RY OCCUR?	NDINGS CONSIDERED SES OF DEATH? City, give exoct location) 10
MEDICAL CERTIFICATION AEDICAL CERTIFICATION 523 524 525 526 527 527 528 529 529 529 529 520 520 520 520	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION Tost. OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING 1 9A. DATE OF OPERATION 198. CON WAS PERI OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING 1 9A. DATE OF OPERATION 198. CON WAS PERI OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING 1 PA. DATE OF OPERATION 198. CON WAS PERI OTHER SIGNIFICANT (AUSING 1) PA. DATE OF OPERATION (AUSING 1) PA. DATE (Month) (Doy) (Year) DEATH (notify medical examiner) TO TIME (Month) (Doy) (Year) DEATH (notify that (I) (this hospital hot (I) (we) lost saw the decease and hour and fram the couses state BURIAL CREMATION, 24B. DATE REMOVAL (Specify) BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	the disease, death.) (B) (B) (C) ONTRIBUTING STED TO THE T. DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., home, form, factory, street, of etc.) (Hour) 21E. INJURY OCCURRED While At Not White At Work (d) attended the deceased from the dalive on the dalive on the dalive on the dalive of CEMETERY of CR	20A. AUTOPSY? (Yes or No) in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJU 22F. How DID INJU 23D. ADDRESS EMATORY P. O. C. D. C. D	20B. IF YES, WERE FIN CERTIFYING CAU (If in Boltimore RY OCCUR?	NDINGS CONSIDERED SES OF DEATH? City, give exact location) 23B. DATE SIGNED 23B. DATE SIGNED SCHOOL (Stote
MEDICAL CERTIFICATION AEDICAL CERTIFICATION 523 524 525 526 527 527 528 529 529 529 520 520 520 520 520	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION Tost. OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING 1 9A. DATE OF OPERATION 198. CON WAS PERI OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING 1 9A. DATE OF OPERATION 198. CON WAS PERI OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING 1 PA. DATE OF OPERATION 198. CON WAS PERI OTHER SIGNIFICANT (AUSING 1) PA. DATE OF OPERATION 198. CON WAS PERI OTHER SIGNIFICANT (AUSING 1) PA. DATE OF OPERATION (Day) (Year) DEATH (notify medical examiner) TO TIME (Month) (Day) (Year) DEATH (notify that (I) (this hospital hot (I) (we) lost saw the decease and hour and fram the causes state 3A. SIGNATURE BURIAL CREMATION, 124B. DATE	the disease, death.) (B) DUE TO DUE TO DUE TO DUE TO ONTRIBUTING ATED TO THE T. DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., hame, fortory, street, ortic) While At Not Whith At Work At Wore	20A. AUTOPSY? (Yes or No) 20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN CERTIFYING CAU (If in Boltimore RY OCCUR?	NDINGS CONSIDERED SES OF DEATH? City, give exoct location) 10



VS 150-REV. 1/1/65

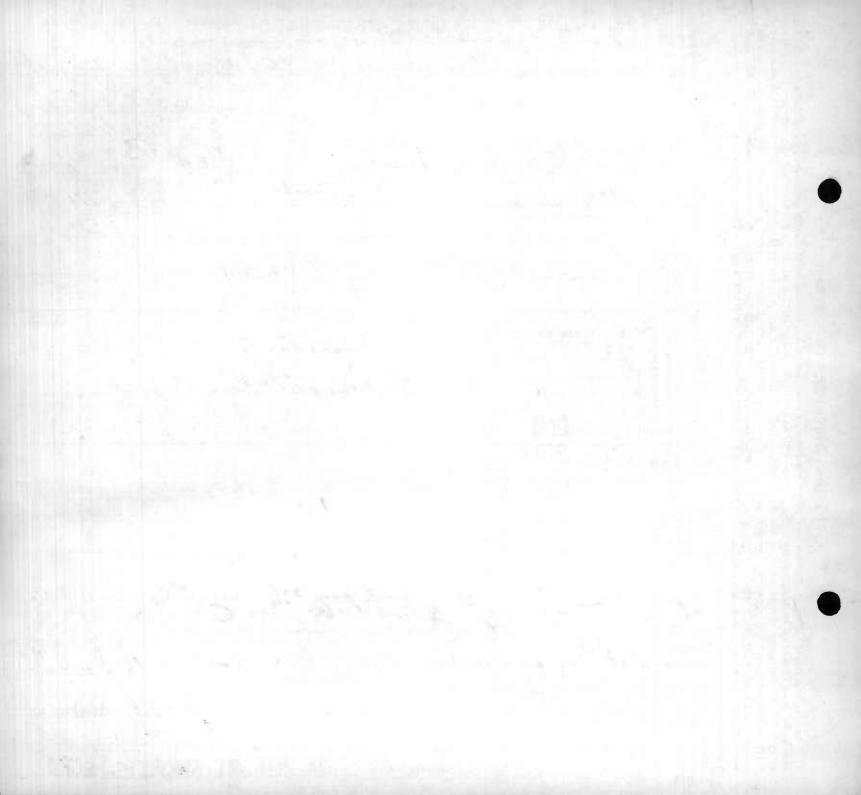


NEVER MARRIED DIVORCED (specify) Married BUSINESS OR INDUSTRY	4. USUAL RESIDENCE (WA. STATE B. COL C. CITY OR TOWN (IF D. STREET ADDRESS B. DATE OF BIRTH G-16-66 11. BIRTHPLACE (Stole or for MA. 17. INFORMANT Chart—	AND HOUR OF DEATH 17 - 6 6 WINTY Outside city limits, write R (If rurol, give location) Rute O 19. AGE (In years lost birthday) AME 22 Housto	stitution: residence before odmis 7 - A STITUTION: residence before odmis OLA Wills R If Under 1 Yr. If Under 24 Months Doys Hours Mi OLA 23 4 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS INTERVAL BETWEEN ONSET AND DEATH
NEVER MARRIED DIVORCED (specify) Married BUSINESS OR INDUSTRY	2. DATE 6- 4. USUAL RESIDENCE (WA. STATE B. COL C. CITY OR TOWN (IF D. STREET ADDRESS B. DATE OF BIRTH 6-16-66 11. BIRTHPLACE (Stole or for 14. MOTHER'S MAIDEN N Ella M. 17. INFORMANT Chart— DF DEATH	AND HOUR OF DEATH 17 - 6 6 WINTY Outside city limits, write R (If rurol, give location) Rute O 19. AGE (In years lost birthday) AME 22 Housto	Stitution: residence before odmis COLA WILLS R If Under 1 Yr. If Under 24 Months Doys Hours Mi O 23 4 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS
NEVER MARRIED DIVORCED (specify) BUSINESS OR INDUSTRY 6. SOCIAL SECURITY NO.	4. USUAL RESIDENCE (WA. STATE B. COL C. CITY OR TOWN (IF D. STREET ADDRESS B. DATE OF BIRTH G-16-66 11. BIRTHPLACE (Stole or for 14. MOTHER'S MAIDEN N EVA 17. INFORMANT Chart— DF DEATH	here deceased lived, If insunty when A various and a various and a various country. AGE (In years lost birthday) AME ACV STO	Stitution: residence before odmis COLA WILLS R If Under 1 Yr. If Under 24 Months Doys Hours Mi O 23 4 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS
NEVER MARRIED DIVORCED (specify) BUSINESS OR INDUSTRY 6. SOCIAL SECURITY NO.	A. USUAL RESIDENCE (WA. STATE B. COI A. STATE B. COI C. CITY OR TOWN (IF C. CITY OR TOWN (IF D. STREET ADDRESS B. DATE OF BIRTH L-16-66 11. BIRTHPLACE (Stole or for 14. MOTHER'S MAIDEN N EVA 17. INFORMANT CLAYT DF DEATH	outside city limits, write R (If tutol, give location) P. AGE (In years lost birthday) Dreign country) AME	RURAL ond give township) Old Wills Rd If Under 1 Yr. If Under 24 Months Doys Hours Mi O 23 4 12. CITIZEN OF WHAT COUNTRY? U.S.A.
NEVER MARRIED DIVORCED (specify) BUSINESS OR INDUSTRY 6. SOCIAL SECURITY NO.	B. COL C. CITY OR TOWN (IF C. CITY OR TOWN (IF D. STREET ADDRESS B. DATE OF BIRTH L-16-66 11. BIRTHPLACE (Stole or for 14. MOTHER'S MAIDEN N EVA 17. INFORMANT CLAYT DF DEATH	outside city limits, write R (If rurol, give location) Rute 9. AGE (In years lost birthday) Dreign country) AME R Havsto	RURAL ond give township) Old Wills Rd If Under 1 Yr. If Under 24 Months Doys Hours Mi O 23 4 12. CITIZEN OF WHAT COUNTRY? U.S.A.
NEVER MARRIED DIVORCED (specify) BUSINESS OR INDUSTRY 6. SOCIAL SECURITY NO.	C. CITY OR TOWN (IF D. C. CITY OR TOWN (IF C. CITY OR C. CITY OR TOWN (IF C. CITY OR TOWN (IF C. CITY OR TOWN (IF	outside city limits, write R (If rural, give location) Porte 9. AGE (In years lost birthday) preign country) AME	If Under 1 Yr. If Under 24 Months Doys Hours Mi O 0 23 4 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS
DIVORCED (specify) March BUSINESS OR INDUSTRY 6. SOCIAL SECURITY NO.	D. STREET ADDRESS B. DATE OF BIRTH L-16-66 11. BIRTHPLACE (Stole of for Mod.) 14. MOTHER'S MAIDEN N EVA 17. INFORMANT Chart— DF DEATH	(If rurol, give location) Rote 9. AGE (In years lost birthday) Dreign country) AME 22 Hovsto	If Under 1 Yr. If Under 24 Months Doys Hours Mi O 0 23 4 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS
DIVORCED (specify) March BUSINESS OR INDUSTRY 6. SOCIAL SECURITY NO.	B. DATE OF BIRTH G-16-66 11. BIRTHPLACE (Stole or for MA. 14. MOTHER'S MAIDEN N EVA 17. INFORMANT Chart- DF DEATH	P. AGE (In years lost birthdoy) Dreign country) AME AC Hovsto	If Under 1 Yr. If Under 24 Months: Doys Hours Mi O O O O O 12. CITIZEN OF WHAT COUNTRY? U S A ADDRESS
DIVORCED (specify) March BUSINESS OR INDUSTRY 6. SOCIAL SECURITY NO.	B. DATE OF BIRTH G-16-66 11. BIRTHPLACE (Stole of for Mod.) 14. MOTHER'S MAIDEN N EVILA M. 17. INFORMANT Chart— DF DEATH	P. AGE (In years lost birthdoy) Dreign country) AME AC Hovsto	If Under 1 Yr. If Under 24 Months: Doys Hours Mi O O O O O 12. CITIZEN OF WHAT COUNTRY? U S A ADDRESS
DIVORCED (specify) March BUSINESS OR INDUSTRY 6. SOCIAL SECURITY NO.	B. DATE OF BIRTH L-16-66 11. BIRTHPLACE (Stole or for 14. MOTHER'S MAIDEN N EVA 17. INFORMANT Chart DF DEATH	9. AGE (In years last birthday) Dreign country) AME 20 Havsto	If Under 1 Yr. If Under 24 Months: Doys Hours Mi O O O O O 12. CITIZEN OF WHAT COUNTRY? U S A ADDRESS
6. SOCIAL SECURITY NO.	6-16-66 11. BIRTHPLACE (Stole or for M.) 14. MOTHER'S MAIDEN N EVA M. 17. INFORMANT Chart - DF DEATH	lost birthdoy) preign country) AME 22 Hovsto	12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS
6. SOCIAL SECURITY NO.	11. BIRTHPLACE (Stole or for M.) 14. MOTHER'S MAIDEN N EVIA M. 17. INFORMANT Chart - OF DEATH	are Housto	12. CITIZEN OF WHAT COUNTRY? US A ADDRESS
6. SOCIAL SECURITY NO. ————————————————————————————————————	14. MOTHER'S MAIDEN N EVIA Mo 17. INFORMANT Chart -	are Housto	ADDRESS
SECURITY NO.	Ella Mo 17. INFORMANT Chart -	ae Housto	ADDRESS
SECURITY NO.	Ella Mo 17. INFORMANT Chart -	ae Housto	ADDRESS
SECURITY NO.	Chart -		ADDRESS
SECURITY NO.	Chart -		ADDRESS
SECURITY NO.	Chart -	lectasis	INTERVAL BETWEEN
	OF DEATH	lectasis	
		lectasis	
(A) PILV	monary Ale	lectasis	
DUE TO	monary Itle	lectasis	
DUE TO		**************************************	L, Fe
0			
	t	Brith	
DUE TO	7476-016		
(C)		,	***************************************
		,	
HICH OPERATION	20A. AUTOPSY? (Yes or	Nol 208. IF YES, WERE F	INDINGS CONSIDERED
ha i		IN CERTIFYING CAL	JSES OF DEATH?
LACE OF INJURY le.g., in	in or obout 21C. WHERE DID	(If in Baltimore	City, give exact location)
torm, toctory, stieet, of	- Diag., INJURT OCCUR?	_	
NJURY OCCUPRED	21F. HOW DID II	NIURY OCCUP?	
At Not While	le 🗆	TONI OUGON	
At Work			
At Work		19 66 to 7 Fm	b - 1719
6 -	17 19 6 6 ond	that in (our) opin	nian deoth accurred on the
(We) (did) (did) v			
, , , , , , , , , , , , , , , , , , , ,			23B, DATE SIGNED
	lending Med.	Stoff Phys.	6-17-66
In M.D. AIR		rhys.	1 66
EN, VNO Phy	122D ADDRESS		
EN, VNO Phy	23D. ADDRESS	- 11 -	7 1
EN, VNO Phy	23D. ADDRESS	itan Hage	atel AND
EN, VNO Phy	an Driver	typ tock	The DAND (SIO
LULEY, MO	an Driver	TOCATION OF ME	SCHOOL (SIO
ME of CEMETERY of CRE	MANATORY	MEDICAL S	SCH00L
LULEY, MO	an Driver	MEDICAL S	SCHOOL ADDRESS
	HICH OPERATION LACE OF INJURY (e.g., form, factory, steet, centre) NJURY OCCURRED At Work deceased from	HICH OPERATION 20A. AUTOPSY? (Yes or December 200) LACE OF INJURY (e.g., in or obout 21C. WHERE DID form, foctory, street, office bldg. INJURY OCCUR? NJURY OCCURRED At One At Work a deceased from Soft 21F. How DID III	IN CERTIFYING CAI LACE OF INJURY (e.g., in or obout 21C, WHERE DID form, foctory, street, office bldg, fNJURY OCCUR? INJURY OCCURRED 21F. HOW DID INJURY OCCUR? At Work a deceased from 80 5 - 11, 19 6,6 to 7 67



66-12838	BALTIMORE CITY	HEALTH DEPARTMENT		66 07154
BIRTH NO. 66 U7154	CERTIFICA	TE OF DEATH	Registered Na.	1
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	Mc Manus	4. USUAL RESIDENCE (Wha		astitution: residence before odfaissi
FULL NAME OF (If not in hospital or institution, give HOSPITAL OR oddress or location) INSTITUTION	e street	C. CITY OR TOWN (If ou		RURAL and give township
PUNIVERSITY A	tosptAL		rural, give location	K Way
5. SEX ORACE O	DIVORCED (specify)	17 June 66	9. AGE (In years last birthdoy)	Months Doys Hours Min.
done during most of working life, even if retired) 13. FATHERS NAME		4. MOTHER'S MAIDEN NA		WHAT COUNTRY?
Charles Lewis Mc	Manus	Man	Benloc	b
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	The	ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF	DEATH Prematerial	tu	INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death,)	DUE TO	P. H.	P. the	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the UNDERLYING CONDITION last.	DUE TO	, while the		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Asor L		
198. CONDITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PL	ACE OF INJURY (e.g., in lorm, foctory, street, olfi	or obout 21C. WHERE DID ce bidg., INJURY OCCUR?	(If in Boltimor	e City, give exoct locotion)
21D. TIME (Month) (Doy) (Year) (Hour) 21E, IN While Work	At Not While	21 F. HOW DID INJ	URY OCCUR?	
22. I certify that (1) (this hospital) attended the that (1) (we) lost sow the deceased alive on and hour and from the causes stated above. (1) (1)	184 une	19 66 and th	not In(my) (our) opi	nion death occurred on the c
Donalde Knickula	eker M.D. Atten	ding Med.	Stoff Phy s.	23B. DATE SIGNED
23C.PHYSICIAN'S NAME (Type)	M.D.	ANATOMY DO	ADD OF M	ADALLAND
24A. BURIAL CREMATION, 148 DATE 3 1966	NE OF CEMETERY OF CREA	MATORY I WHILE 1 240, V	OCAHON UT AC	ty, lite win, a colory (State

25A. DATE REC'D SUPERITH DEPT 66 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR MORTUARY SERVICES
VS 150-REV. 1/1/65



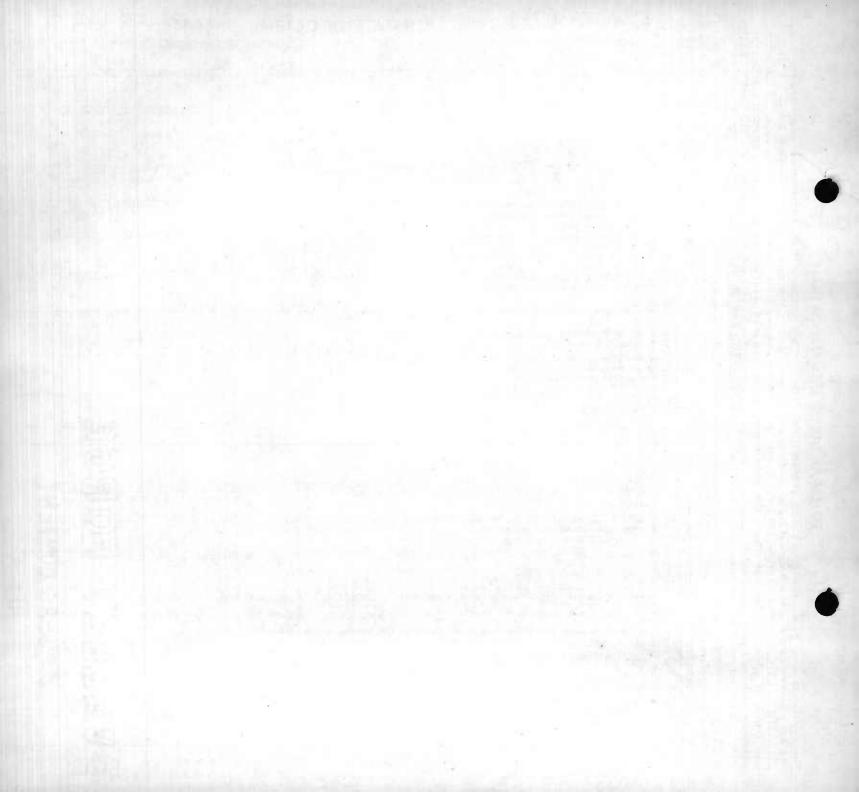
IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



DALTIMORE	CILL HEALTH	DEPARTMENT

BIR	TH NO.	MEDI	CAL EX	AMINER'S	ERTIFICAT	E OF I	DEATH Registe	ered No	
-	E CASE NO.		1						
1. NAME OF DECEASED (Type or Print) BENJAMIN HARRELL					June 28, 1966 2:30 A.				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET					4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE Maryland Modern deceosed lived, If institution: residence before odmission)				
HC IN:	SPITAL OR	ADDRESS OR LOCA	HOSPIT	ΔΥ.		altimor		-C	give township)
		TEROI	11001 11				pside Stree	t	
5. 3	Male	6. RACE White		NEVER MARRIED DIVORCED(specify)	8. DATE OF BIRTH	1	9. AGE (In years lost birthday) 62	Months , E	1 Yr. If Under 24 Hrs. Doys Hours Min.
		JPATION (Give kind of work working life, even if retired)	108, KIND OF	BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State or foreig	n country)	12. CITIZEI WHAT	N OF COUNTRY?
13.	FATHER'S NAM	A E			14. MOTHER'S MA	AIDEN NAMI	E		
		D EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
	(This does not be of foilure,	SE OR CONDITION DI LEADING TO DEATH not meon the mode of osthenio, etc. It meons mplicotion which coused	dying, e.g., the disease,	(ASeptice	emia associ		ith conflue		INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	DISEASES RISE TO TH UNDERLYIN	OR CONDITIONS, IF A E ABOVE CAUSE (A) ST NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT REL	NY, GIVING TATING THE CONTRIBUTING						
CERTI		OPERATION CAUSING	DITION FOR V	VHICH OPERATION	20A. AUTOPSY?	(Yes or No)	20B, IF YES, WERE FI	NDINGS CO	N SIDERED
EDICAL	UNDERLYING	L CAUSE WAS SOR CONTRIB- SE OF DEATH.	21 B. I home, etc.)	PLACE OF INJURY (e.g., form, foctory, street, Water			timore Harb		cation)
Σ	21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor 4 9 66	2 N	HILE AT NOT		etermin	ed-pulled f	rom wa	ter
	22.	tify that I held on I	nquiry 🗌	InspectionA	utonsy X ond	that on thi	is basis, death in n	ny opinian	
	resul	ted from Noturol cou	ses A	ccident Suicle		de U L EDICAL EX	Indetermined mann	er X	
	ACTUAI SIGNAT	URE //W ME	er h	2 ·// ME	ASSISTANT ME	EDICAL EX	AMINER X		6-29-66
	NAME (Type) Werner	U. Spit		ASSOCIATE M	7 201	DOFMA	RVIA	ND
RE/	AOVAL (Specify	JUL 2	1966		UNIVERSI	TY M	EDICAL S	CHOO	L
24/		JUL 14 1966		of registrar E. Foubeuma	MO	RTUA	RY SERVI		BCHD

BIRTH NO.	MED	ICAL EX	(AMINER'S C	ERTIFICA	TE OF	DEATH Registe	ered No	
M.E. CASE N								
1. NAME OF						ID HOUR PRONOUNC	ED DEAD	
3. PLACE IN	Essie I BALTIMORE, MARYLAND, W	M. Sessi		A. STATE	DENCE (Where	ne 19, 1966 deceosed lived. If ins. B. COU	JNTY	
FULL NAME HOSPITAL OR	OF (IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTION)	UTION, GIVE STREET	C. CITY OR TO	aryland	de corporate limits, write	e RURAL ond	give township)
	University Ho	ospital	(DOA)	D. STREET ADI	altimor			
5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIR	22 W. S	9. AGE (In years lost birthdoy)	If Under 1	Yr. If Under 24 Hr ys Hours Min.
Female						59		
	CCUPATION (Give kind of work st of working life, even if retired)	TOR KIND OF	BUSINESS OR INDUSTR	YII. BIRTHPLACE	(State or forei	gn country)	12. CITIZEN WHAT	OF COUNTRY?
13. FATHER'S	NAME			14. MOTHER'S	MAIDEN NAM	(E		
	EASED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
(This de heart for injury of the heart for injury of the heart for the h	SEASE OR CONDITION DI LEADING TO DEATH DES not meon the mode of ilure, osthenio, etc. It meons r complication which coused ANTECENDENT CAUSE SES OR CONDITIONS, IF A OTHE ABOVE CAUSE (A) ST RLYING CONDITION LAST.	dying e.g., the disease, death.)	(A) A DUE TO (B) DUE TO	ortic Ste	nosis			NSET AND DEATH
E DISEAS	SIGNIFICANT CONDITIONS HE DEATH BUT NOT REI HE OR CONDITION CAUSING HOTE OF OPERATION 19B. CON WAS PER	ATED TO T	нЕ	irrhosis		208. IF YES, WERE FI	NDINGS CON	SIDERED
100	RNAL CAUSE WAS		PLACE OF INJURY (e.g.,		es WHERE DID	IN CERTIFYING CAU		
O UNDERTAIL	NG OR CONTRIB- CAUSE OF DEATH.	home elc.)	, form, foctory, street,	office bldg., INJUI	RY OCCUR?	in in sommore only, g	TO CAOCI IOCOI	
21D TIME OF INJUR (APPROX.)	Υ	v	VHILE AT NOT AT W	WHILE	IOW DID INJ	URY O CCUR?		
22.	certify that I held on I	nquiry 🗌	Inspection Au	topsy X ar	nd that on th	is bosis, deoth in n	ny opinion	
re	esulted fram: Natural car	uses X A	ccident Suicid			Undetermined monn	er 🗌	
	UAL STURE	Wis	her M.D	ASSISTANT		XAMINER	ı	DATE SIGNED
NAM	- (1)20/		sher, M.D.	ASSOCIATE	MEDICAL E	BARD OF	June	ANGIA
23A. BURIAL REMOVAL (Sp	cremation, pecify) 238 pare 1	2 1966	C. NAME OF CEMETERY	UNIVI	ERSITY	MEDICAL	SCHO	OL (Stote)
24A. DATE RE	C'D BY HEALTH DEPT.		OF REGISTRAR	24C. FUNE	RAL DIRECTO		ADD	DRESS
	JUL 14 1966	Robert	E. Lanbeugha	MO	RTUAL	RY SERVICE	CE - B	CHD
VS 151-REV.	1/1/65				G in			

VS 150-REV, 1/1/65

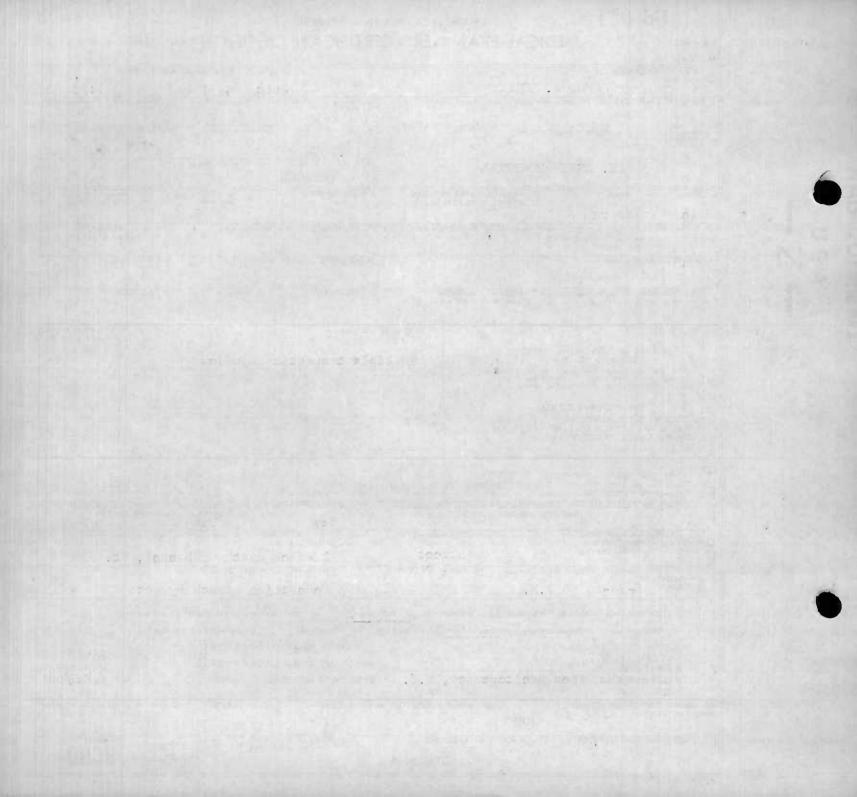
Selection, Section SESSION A LONG THE V

66 07159

BIRTH NO.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No

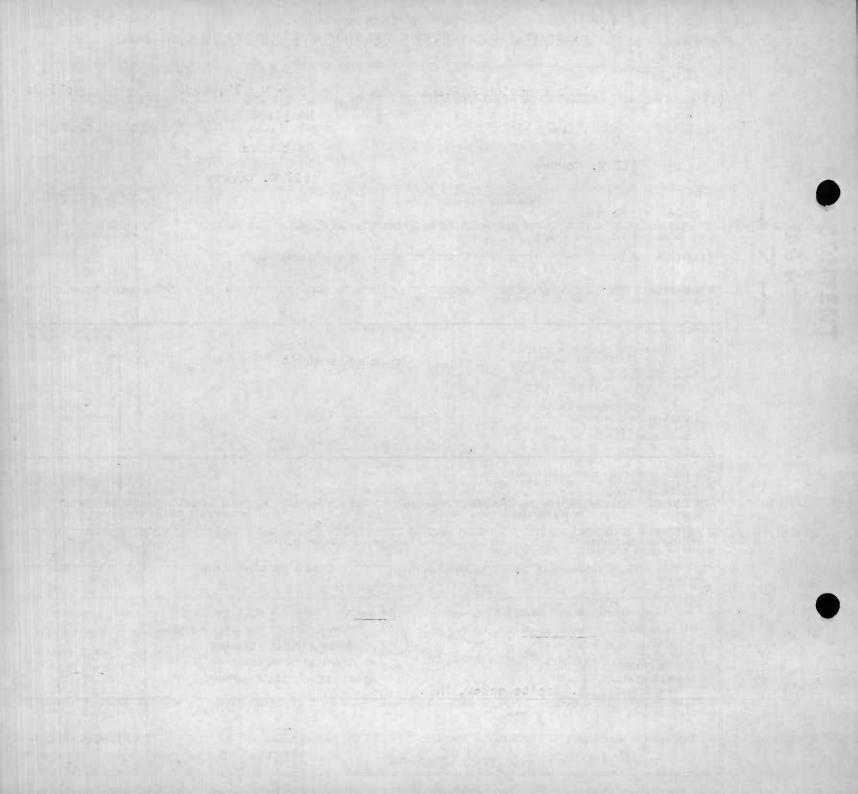
	CERTIFICATE OF DEATH REGISTERED NO.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print) TANELS A VITT GOV	2. DATE AND HOUR PRONOUNCED DEAD
JAMES A. WILSON	June 14, 1966 7:25 P M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY UNKNOWN
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (II outside corperete limits, write RURAL and give township)
CT ACMEC HOCDITAL	UNKNOWN D. STREET ADDRESS (If rurol, give location)
ST. AGNES HOSPITAL	UNKNOWN
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Male Negro	B. DATE OF BIRTH 9. AGE (In years lost birthday) 1 If Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUS' done during most of working life, even if retired)	TRY 11. BIRTHPLACE (State or foreign country) # 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
IIB.	SE OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying e.g., heart foilure, asthonia, etc. It means the disease, injury or complication which coused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	tiple traumatic injuries
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yos or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	Yes Yes
UTING CAUSE OF DEATH. home, form, foctory, street, etc.) Street	g, in or obout 21C. WHERE DID (II in Baltimoro City, give exoct location), office bldg, INJURY OCCUR? 2 miles north of Laurel, Rt. #1
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURE	
OF INJURY (APPROX.) 6-14-66 6 P.M. WHILE AT NO WORK AT	WHILE X Pedestrian struck by auto
22.	Autapsy X ond that on this basis, death in my opinian
resulted from: Natocol causes Accident X Suic	ide Homicide Undetermined manner
ACTUAL Diciture	CHIEF MEDICAL EXAMINER DATE SIGNED O, ASSISTANT MEDICAL EXAMINER
EXAMINER'S Rudiger Breitenecker, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER 6/15/66
23A. BURIAL CREMATION, 33B. DATE 23C. NAME OF CEMETER	Y or CREMATORY 23D. LOCATION (City, town, or county)/ 1 Stotel
7 1 1300	WIVERSITY CA SCHOOL
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR Y SERVICE - BCHD
VS 151-REV. 1/1/65 A	



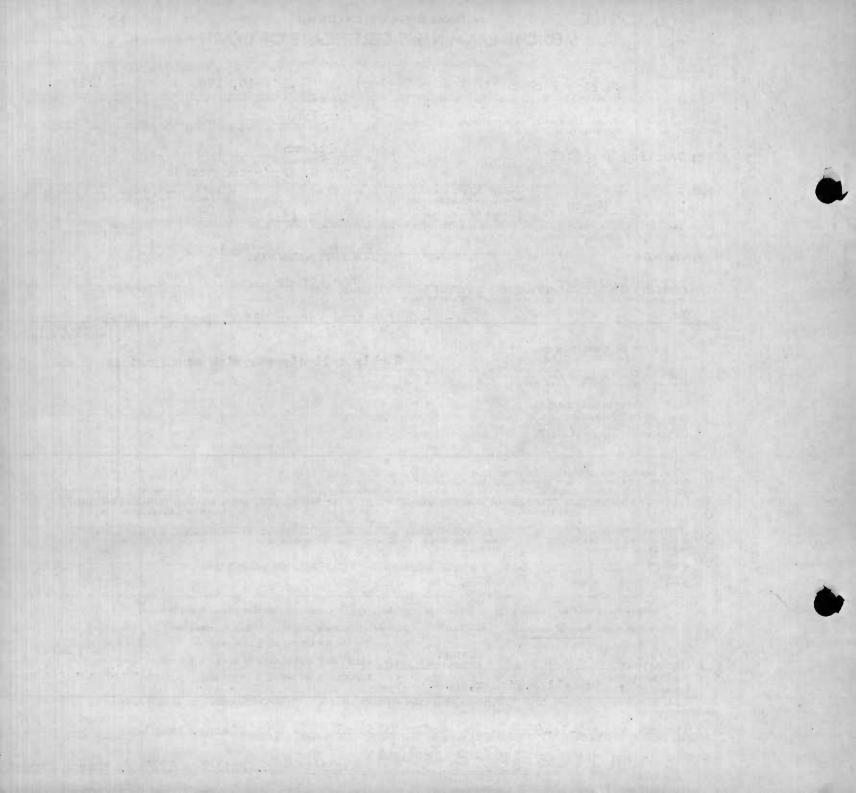
F-6-37

BALTIMORE	CITY	HEALTH	DEPARTMEN

	TH NO.		MED	ICAL EX	AMINER'S	CERTI	FICATE OF I	DEATH Registe	red Na	
=	NAME OF DE	CEASED		·			2 DATE AM	D HOUR PRONOUNCE	ED DEAD	
(Typ	oe or Print)	CLASED							ED DEAD	0.05.5
3 P	LACE IN RAI	TIMORE MAR	ter R	andolph	FRAZIER	TA HE	June	22, 1966	tutio at anni d	8:25 RA
	L NAME OF				THON, GIVE STREET	A. 517	Maryland	В. СОО	NIY	
HO	SPITAL OR	ADDRESS	OR LOCA	TION)	THOM, ONE STREET	C. CIT	Y OR TOWN (If outsid	e corporote limits, write	RURAL on	d give township)
Α.							Baltimor	e d		C3 -
g		617 W.	Conwa	У		D. STS	EET ADDRESS (If rurol,		V- 5-7-1	
							617 W.	Conway 54		
5. S	Male	6. RACE Negro			NEVER MARRIED DIVORCED (specify)	8. DAT	OF SIRTH	9. AGE (In years lost birthdoy)		1 Yr. If Under 24 Hrs. Doys Hours Min.
		UPATION (Give working life, ever		TOB. KIND OF	BUSINESS OR IND	USTRY II. BIR	HPLACE (State or foreig	n country)	12. CITIZEI WHAT	OF COUNTRY?
13.1	ATHER'S NAM	ΛE	/	1		14. MO	THER'S MAIDEN NAM	E		
			W	~				1		
		Of ever in U.			SECURITY NO.	17. INFO	RMANT		ADDRESS	
	1B. 110	1					/ / / /			
	49	/ X 1			C	AUSE OF DE	ATH			INTERVAL BETWEEN ONSET AND DEATH
	DISEA	SE OR COND	O DEATH	RECTLY		1			- 55	
	(This does				DUE TO	ronchop	neumonia			
	heart failure	not meon the , osthenio, etc. mplication which	It meons	the discose.	501.10					
		ANTECEN DEN			(B)		*******************************			**************************************
	RISE TO TH	OR CONDITION	USE (A) S'		DUE TO					
7	UNDERLYII	NG CONDITIO	ON LAST.		(C)					
ō		11	-							
X		NIFICANT CO								
표		R CONDITION			H E					
CERTIFICATION					WHICH OPERATION	20 A.	AUTOPSY? (Yes or No)	20B. IF YES, WERE FIR	NDINGS CO	NSIDERED
2	2		WAS PER	FORMED			Yes	IN CERTIFYING CAUS		
7		L CAUSE WA		218. 1	PLACE OF INJURY	(e.g., in or ob	out 21C. WHERE DID		ve exoct loc	cotion)
JEDI	UTING CAU	OR CONTRIB		home, etc.)	, form, foctory, str	eet, office blo	g., INJURY OCCUR?			
-	OF INJURY	(Month) (D	oy) (Yeo) (Hour) 2	IE. INJURY OCCUR	RED	21F. HOW DID INJU	JRY ÖCCUR?		
	(APPROX.)			m. W	HILE AT	NOT WHILE				
	22.	tify that I he	ld an 1		Inspection	Autopsy X	and that an thi	is basis, death in m	y opinian	
	resul	ted from: No	atural cal	yes X A	ccident S	fici de 🗌	Hamicide U	Jndetermined manne	er 🗌	
			1//	TONE		/	HIEF MEDICAL EX	AMINER		
	ACTUA	_	1/ //	y ant	mal	× 1	TANT MEDICAL EX			DATE SIGNED
	SIGNAT		1-01			-1110 070	CIATE MEDICAL EX			6-23-66
	NAME (R. Bre	eiteneck	er, M.D.	/ A3301	JAIL MEDICAL LA	AMINEN		
	BURIAL CRE	MARTION TOOL	DATE 1		C. NAME OF CEMET	TERY OF CREM	ATORY (A 23 D. L	OCATION A Gity,	town, or co	unity: Y L (Aight) D
244	DATE DECID	DV HEALTH	> F0 T	.000	OF BEGISTERS	Ja.	TIMILLIA		AI	STRESS COL
24A		BY HEALTH			OF REGISTRAR		C. FUNERAL DIRECTOR	IT A TOWN COMME	OTAL A	SACTOR OF THE PROPERTY OF THE
14-	161 BEV 1/1/		1966	Robert	E. Farboy!	4.0	MURT	UARY SER	VICE	- BCHD

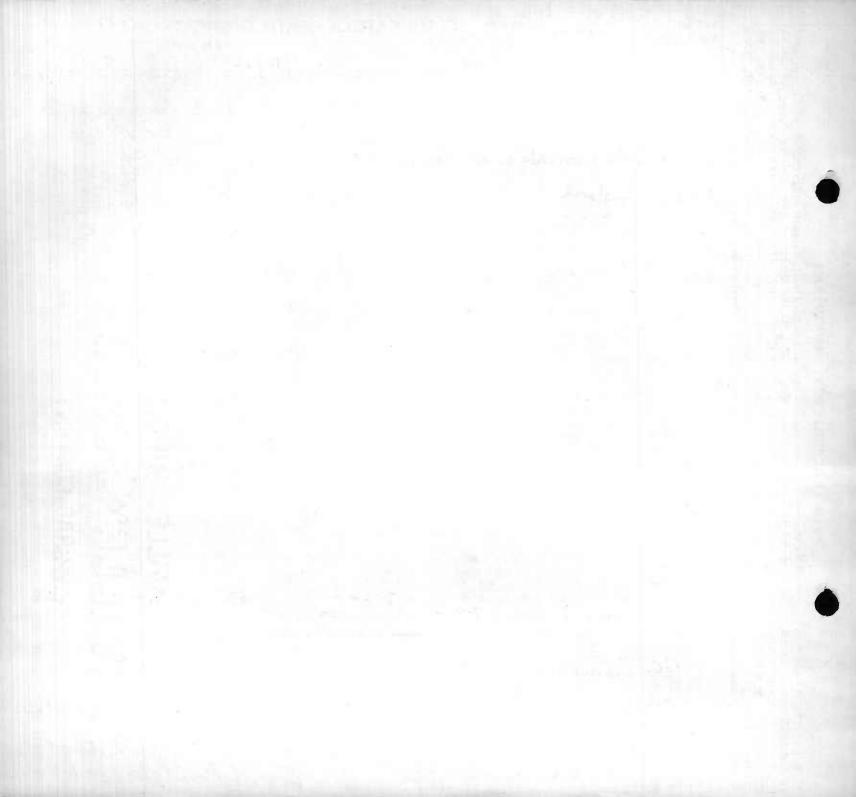


BIRTH NO.	MED	ICAL EX	AMINER'S CI	ERTIFICA	I E OF D	EA IH Register	red Na	
M.E. CASE NO.								
Type or Print)	Forbes - Tayl		July 10	1966	1:10 p.			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				A. USUAL RESIDENCE (Where deceosed lived. If institution: residence belore odmission) A. STATE B. COUNTY				
ULL NAME OF OSPITAL OR ISTITUTION	ITION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 765 W. Lexington Street						
University								
		WIDOWED, I	DOWED, DIVORCED (specify)		H	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months, Days, Hours, Min.	
					gn country)	12. CITIZEN OF WHAT COUNTRY?		
FATHER'S NAME		Baltimore Maryland USA 14. MOTHER'S MARDEN NAME			USA			
Charles I		Anna Forbes						
es, no or unknown) (If	AS DECEASED EVER IN U.S. ARMED FORCES? 10 or unknown) (If yes, give wor or dotes of service) SECURITY NO.			17. INFORMANT			ADDRESS	
Yes			212-40-2283	Anna Pa	rker 755	W. Levingt	on Street	
OTHER SIGNIFIC TO THE DEA	BOVE CAUSE (A) S' CONDITION LAST. II CANT CONDITIONS ATH BUT NOT RE DODDITION CAUSING	CONTRIBUTION TO THE STATE OF TH	HE					
19A. DATE OF OP	WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
21 A. EXTERNAL C. UNDERLYING OR UTING CAUSE	CONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., , form, foctory, street, c	in a obout 21C. iffice bldg., INJUR	WHERE DID (IF	f in Baltimare City, giv	ve exact location)	
21D TIME (M OF INJURY (APPROX.)	onth) (Doy) (Yeo	V	VHILE AT NOT AT W	WHILE	OM DID INJUR	OCCUR?		
ACTUAL SIGNATURI EXAMINER	S Puccell	uses X A	Solder M.D.	CHIEF A	ide United United EXA	AMINER -		
NAME (Typ FA. BURIAL CREMA EMOVAL (Specify)	<u> </u>		C. NAME OF CEMETERY O	CREMATORY	23 D. LO	CATION (City,	town, or county) (Stote)	
Burial 4A. DATE REC'D BY			Baltimore Nat		RAL DIRECTOR	timore, Mar	yland	
	UL 14 1968	Robert	S E. Farburna	Arlin	gton S. 1	Phillips 17	27 N. Monroe Str	
S 151-REV. 1/1/65		THE STATE			1			



BIRTH NO. 66 U/162	CERTIFICA	ATE OF DEATH	Registered No	66 07162
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)			D HOUR OF DEATH	- 15/
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	onn	4. USUAL RESIDENCE (When	e deceased lived II in	stitution; residence belore admission
		A. STATE B. COUN	TY	smollon, respence beine damissin
FULL NAME OF (If not in hospital or institu	tion, give street	C. CITY OR TOWN (If out	side city limits, write R	URAL and give township)
DINSTITUTION		Raltimo	re. Ma	ryland
7 18 6 1	. 11	D. STREET ADDRESS (III	rurol, give locotion)	
Bar-wil-Bo Convales	CENT Home	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 24 F
	OWED, DIVORCED (specify)		ost birthdoy)	Months Doys Hours Min
10A. USUAL OCCUPATION (Give kind of work 10B, KIN	ID OF BUSINESS OR INDUSTR		gn Eountry)	12. CITIZEN OF
lone during most of working life, even if retired)		Marylens	/	WHAT COUNTRY?
3. FATHERS NAME		14. MOTHER'S MAIDEN NAM	AE .	4.5.9
Markey and		Un Varous	401	
5. Was Deceosed Ever in U. S. Armed Forces? Yes, no or unknown If yes, give wor or dates of ser	1 6. SOCIAL SECURITY NO.	17. INFORMANT	N	ADDRESS
, , , , , , , , , , , , , , , , , , , ,	SECORITI NO.	Rev. Dian	.06	
184 22 1	CAUSE	OF DEATH	16 15	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	Λ.,			ONSET AND DEATH
(This does not mean the made of dying,	(A) Hyte	exioscleratio C	·V.D.	
heart failure, asthenia, etc. It means the dis injury or complication which caused death,)				15/11/18/1
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, g	DUE TO			
rise to the above cause (A) stating UNDERLYING CONDITION last.		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
ONDERENING CONDITION last.				
O THER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	UTING THE			
U 19A, DATE OF OPERATION 19B, CONDITION		20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE F	NDINGS CONSIDERED
E E E E		No		
OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)	home, larm, foctory, street, etc.)	in or about 21 C. WHERE DID office bldg.,	tit in Politimore	City, give exact location)
21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Work At Work			
22. I certify that (I) (this haspital) attend	ded the deceased from Z	-26- 1	63 107-1	2- 1966
that (1) (we) last saw the deceased alive			ot in (my) (our) apir	nian death accurred on the
and haur and from the causes stated aba				
23A. SIGNATURE			4,	23B, DATE SIGNED
CO. C 2 10,000	M.D. A		Stoff Phys.	7-12-66
23C. PHYSICIAN'S NAME (Type)	1)	23D. ADDRESS		1-12-06
C.R. Campbell.	M.D	1618 W. Mouth	Aug. Ra	Homore Ma
	C. NAME OF CEMETERY OF C	REMATORY 24D. LC	CATION (Cit	y, town, or county) (Stote
2 1 7/15/11	M+ An	hung Conti	Baltimor	e Manthan
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C FUNERAL DIRECTOR	1 101	ADDRESS
JUI 14 1966 P.	Dre & E. Farley	(Irlington)	S. Pt.Ol.	100. 1721N. Mon
/\$ 150-REV. 1/1/65		The state of the s	- men	12/10/10/10

BALTIMORE CITY HEALTH DEPARTMENT



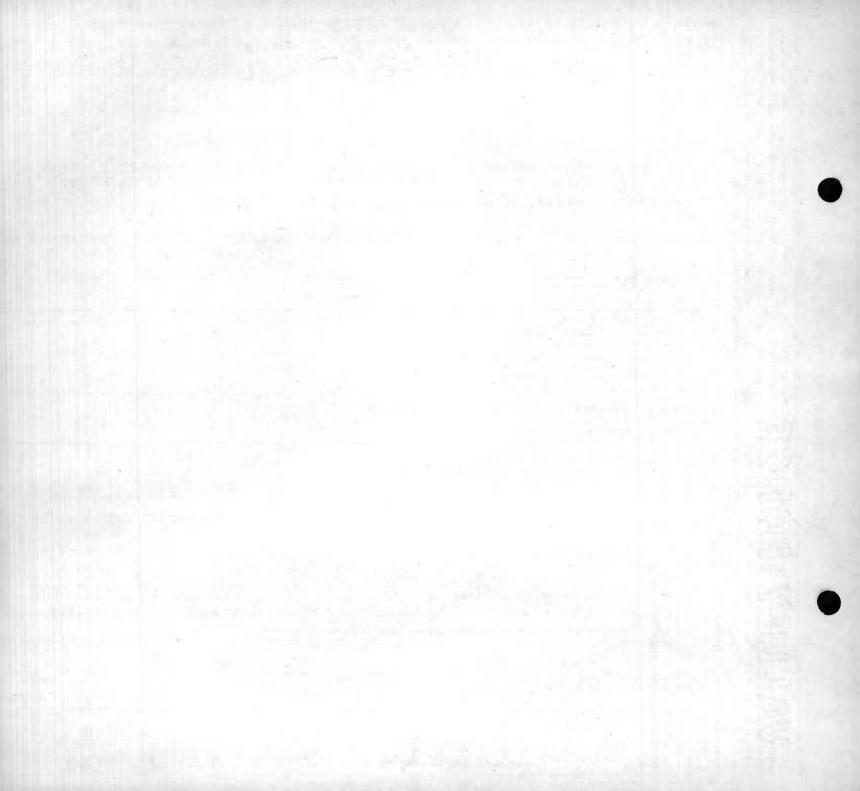
FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

The state of the s

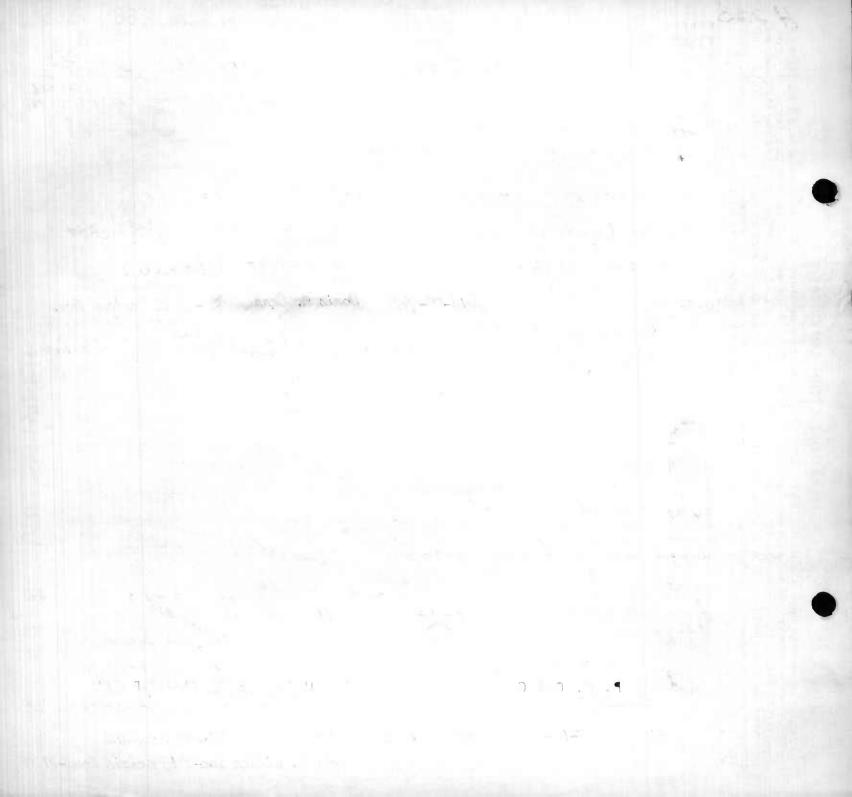
2	-	5	-	Y	5
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, it the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased U	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. 66-1108 6847184			66 07164
ME CASE NO	CERTIFICA	TE OF DEATH 5	gistered No.
M.E. CASE NO. 1, NAME OF DECEASED (Type or Print)	Girl at thong	Ju, K 2. DATE AND HO	
3. PLACE OF DEATH IN BALTIMORE, MARYLANE		A. STATE B. COUNTY	ased Ned. If institution: residence before admis-
FULL NAME OF (If not in hospital or instit oddress or location) INSTITUTION	ution, give street		ty limits, write RURAL and give township)
University Hospital	/	D. STREET ADDRESS (II rurol, g	ive location) ER
MA WIC	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH O. AG	(In yeors If Under 1 Yr. If Under 24 Months Doys Hours Mi
10A, USUAL OCCUPATION (Give kind of work 10B, KII done during most of working life, even if retired)		11. FIRTH LACE (State or foreign cou	ntry) 12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME	14,400	MARY WISS	20/
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of ser	rvice) 16. SOCIAL SECURITY NO.	17. INFORMANY	ADDRESS
18. 7 () 1		OF DEATH	/ INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	•	Nenetal ate	10c /20 1 45"
(This does not meen the made of dying,	e.g., DUE TO	A -1	
heart failure, osthenia, etc. It means the dis injury ar camplication which coused deoth.)			
ANTECEDENT CAUSES	(B)		
DISEASES OR CONDITIONS, if ony,		11 h 1/1 /so.	ugto 10 kg
rise to the abave cause (A) stoting		Luxxuny) 11eu	(4) (1) 7
UNDERLYING CONDITION last.		,	
		/	
Z OTHER SIGNIFICANT CONDITIONS CONTRIB	RUTING	/	
Z CONTRICT			
OTHER SIGNIFICANT CONDITIONS CONTRIE TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING IT.		20A. AUTOPSY? (Yes or No) 20B.	IF YES, WERE FINDINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTRIE TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING IT.	O THE		IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTRIED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED TO THE PROPERTY OF	FOR WHICH OPERATION	n or obout 21 C, WHERE DID	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	FOR WHICH OPERATION	n or obout 21 C, WHERE DID	CERTIFYING CAUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTRIED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	FOR WHICH OPERATION 21 B. PLACE OF INJURY (e.g., home, form, foctory, firet, oetc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location)
OTHER SIGNIFICANT CONDITIONS CONTRIED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour OF INJURY)	FOR WHICH OPERATION 21 B. PLACE OF INJURY (e.g., home, form, foctory, firet, oetc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location)
OTHER SIGNIFICANT CONDITIONS CONTRIED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED TO DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., indicated) 218. INJURY OCCURRED	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct locotion)
OTHER SIGNIFICANT CONDITIONS CONTRIED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour OF INJURY)	FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, fleet, etc.) 21E. INJURY OCCURRED While At Not White At Work	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact locotion)
OTHER SIGNIFICANT CONDITIONS CONTRIED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour OF INJURY (APPROX.)	FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, firset, cetc.) 21E. INJURY OCCURRED While At Not White At Work Ided the deceased from	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) CCUR?
OTHER SIGNIFICANT CONDITIONS CONTRIED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hours OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attention that (I) (we) lost sow the deceased alivery captured to the deceased of the contribution of th	FOR WHICH OPERATION 21 B. PLACE OF INJURY (e.g., home, form, foctory, firset, cetc.) 21 E. INJURY OCCURRED While At Not White At Work Indeed the deceased from	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Boltimore City, give exact location) CCUR?
OTHER SIGNIFICANT CONDITIONS CONTRIED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED TO CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hourd OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attentions.	FOR WHICH OPERATION 21 B. PLACE OF INJURY (e.g., home, form, foctory, firset, cetc.) 21 E. INJURY OCCURRED While At Not White At Work Indeed the deceased from	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Boltimore City, give exact location) CCUR?
OTHER SIGNIFICANT CONDITIONS CONTRIED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 17A. DATE OF OPERATION 17B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Year) (Hours OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attempted that (I) (we) lost saw the deceased alive and hour and from the gauses stated obey	TO THE FOR WHICH OPERATION 21 B. PLACE OF INJURY (e.g., home, form, foctory, firet, oetc.) 21 E. INJURY OCCURRED While At Not Whith At Work anded the deceased from the one on the over (I) (We) (did) (did not).	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJURY O 19 0 ond that in (view the body ofter death.	(If in Boltimore City, give exact location) CCUR? to 19 my) (our) opinion death occurred on the
OTHER SIGNIFICANT CONDITIONS CONTRIED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attenthat (I) (we) lost sow the deceased alive and hour and from the causes stated about 23A. SIGNATURE	FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, fliget, oetc.) 21E. INJURY OCCURRED While At Not White At Work added the deceased from the one on the control of	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJURY O and that in (view the body ofter death. ending Med. Stoff Phys.	(If in Boltimore City, give exact location) CCUR? to 19 my) (our) opinion death occurred on the
OTHER SIGNIFICANT CONDITIONS CONTRIED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 17A. DATE OF OPERATION 17B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Year) (Hours OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attempted that (I) (we) lost saw the deceased alive and hour and from the gauses stated obey	PO THE FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, firet, etc.) 21E. INJURY OCCURRED While At Not White At Work Indeed the deceased from	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJURY O 19 0 ond that in (view the body ofter death.	(If in Boltimore City, give exact location) CCUR? to 19 my) (our) opinion death occurred on the
OTHER SIGNIFICANT CONDITIONS CONTRIED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hours of INJURY (APPROX.) 22. I certify that (I) (this hospital) attention that (I) (we) lost saw the deceased alive and hour and from the gauses stated about 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	PO THE FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, fliget, oetc.) 21E. INJURY OCCURRED While At Not White At Work added the deceased from Nove. (I) (We) (did) (did not) M.D. Att Phy	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJURY O 19 0 ond that in (view the body ofter death. 23D. ADDRESS ANATOMY BOA	CCUR? (If in Boltimore City, give exact location) CCUR? (a) 19 / 19 / 19 / 19 / 19 / 19 / 19 / 19
OTHER SIGNIFICANT CONDITIONS CONTRIED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hours of INJURY (APPROX.) 22. I certify that (I) (this hospital) attention that (I) (we) lost sow the deceased alive and hour and from the gauses stated about 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	PO THE FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, firet, etc.) 21E. INJURY OCCURRED While At Not White At Work Indeed the deceased from	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJURY O 19 0 ond that in (view the body ofter death. 23D. ADDRESS ANATOMY BOA	(If in Boltimore City, give exact location) CCUR? to
OTHER SIGNIFICANT CONDITIONS CONTRIED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. TIME (Month) (Doy) (Year) (Hour OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attention that (I) (we) lost sow the deceased oliver and hour and from the gauses stated obcomed and hour and from the gauses and hour	FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., home, form, foctory, fireet, oetc.) 21E. INJURY OCCURRED While At Not White At Work Moded the deceased from Ove. (I) (We) (did) (did not) M.D. Att Phy A.D. ACC. NAME of CEMETERY or CR	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJURY O 19 0 ond that in (view the body ofter death. ending Med. Stoff Phys. 23D. ADDRESS ANATOMY BOA EMATORY 24D. LOCATI	CCUR? (If in Boltimore City, give exoct locotion) CCUR? (to
OTHER SIGNIFICANT CONDITIONS CONTRIED TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH SUT NOT RELATED TO THE DEATH NOT RELA	PO THE FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, firet, etc.) 21E. INJURY OCCURRED While At Not White At Work Indeed the deceased from	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJURY O 19 0 ond that in (view the body ofter death. 23D. ADDRESS ANATOMY BOA	(If in Boltimore City, give exact location) CCUR? to 19 my) (our) opinion death occurred on the 23R DATE SIGNED (City, town, or county) (Sto



FUNERAL DIRECTOR:

66 07185	BALTIMORE CIT	Y HEALTH DEPARTMENT		. 66 07165
BIKIH NO.	CERTIFICA	TE OF DEATH	Registered N	a. 00 071.00
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEA	TH
(Type or Print)	VAL T -= DIL	4	-13 66	4:30
3. PLACE OF DEATH IN BALTIMORE, MARYLA	MAS JOSEPH		e deceased lived. I	institution: residence before odmission)
	La Contraction of the Contractio			21206
FULL NAME OF (If not in hospital or insoddress or location)	titution, give street	C. CITY OR TOWN (If out	side city limits wi	UE BALTHURZ-140
THE UNION MEMORIA	1. HACPITAL			
		D. STREET ADDRESS (If	rurol, give location)	
33 RO AND CALVERT S	T., DALTMURE, MI			
6. SEX 6. RACE 7. N	ARRIED, NEVER MARRIED VIDOWED, DIVORCED (specify)		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min,
M WHITE OA. USUAL OCCUPATION (Give kind of work 10B.	MARRIED		23	
	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	No	BAITIMARZ	110	A
	140	BALTIMORZ 14. MOTHER'S MAIDEN NAM	ME	AMERICAN
Luspecion				
MICHAEL HUGH		CATHERINE	= 130G)	(CD)
5. Was Deceased Ever in U. S. Armed Farcus? Yes, no or unknown! (If yes, give war or dates of	service) 1 6. SOCIAL SECURITY NO.			ADDRESS
UNECATOW N	218-09-9998	Doris A. Derr	- 56	522 Gerland Ave.
18. / 4 / 9 I	CAUSE	OF DEATH	- January	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECT	Y			ONSET AND DEATH
LEADING TO DEATH	(A) CARO	LNOMA OF TONG	ue ·	6 Mioniths
(This does not meon the mode of dyin heart foilure, asthenia, etc. It means the	g, e.g., DUE TO			
injury or complication which caused deep				
ANTECEDENT CAUSES	(B)	~004 P00000 04 0056 004 00 04 00 04 00 04 00 00 00 00 00 00		
DISEASES OR CONDITIONS, if ony,				0.0
rise to the obove couse (A) state		nun duwanku Caduu n Onu n nun n waqduga Çapu n Obun tuwistun 4 apu		
UNDERLYING CONDITION last.				
Z	100.00			
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	RIBUTING To the			
DISEASE OR CONDITION CAUSING IT.		120 A A LIVEDROVO (V M-) 208 te was him	TO SINGLE CONSIDER
WAS PERFORM	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218 BLACE OF INTITION	is at should SIC WHERE DID	/If 1= P-161	City City Control
OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	office bldg., INJURY OCCUR?	(If in Politi	more City, give exact location)
0	etc.)			
OF INJURY (Month) (Doy) (Year) (Ha		21F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Not Whi	le _		
22. I certify that (1) (this haspital) att			19 66 to 2	-13 1966
			-	
that (I) (we) last saw the deceased al			at in(my) (aur) (apinian death accurred an the da
and haur and fram the causes stated a	bave. (1) (We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE			,	23 B. DATE SIGNED
om ch	M.D. At	rending Med. Director	Stoff Phys.	7-13 66
23C. PHYSICIAN'S M. CHANG		23D. ADDRESS UNION	EMORIAL.	HOSPHIAL
NAME (Type) P. M. CHANG	/ M.D.	THE CLAREN YUER	TORYAL Y	10371/1100
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CE	REMATORY 124D 14	OCATION	(City, town, or county) (State)
REMOVAL (Specify)			0 146	Add a s
Burial 7-16-66	Holy Redeemen	(emetery	Baltimore	Mayland 15 Belair Road-21206
25A. DATE REC'D BY HEALTH DETTE 25B.	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	on Ina di	15 Balain Dand 2/20%
1000 Olok	Jew C. Warren	Joine C. Inter	et Inc-Off) Devalue 10001-21200
V\$ 150-REV 1/1/65				

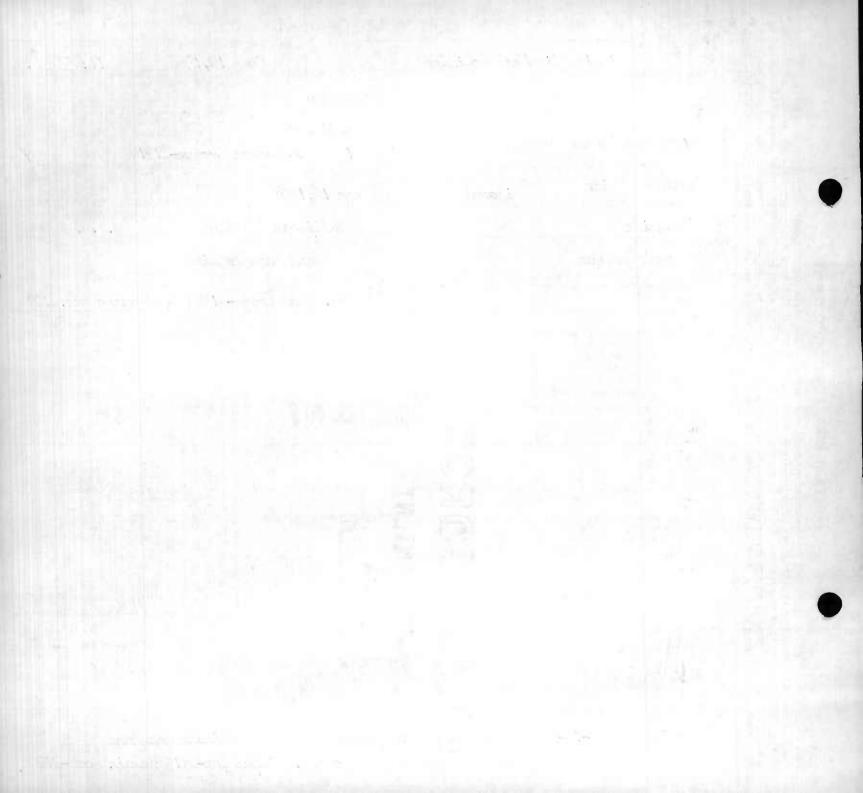


VS 150-REV. 1/1/65

IMPORTANT

FUNERAL DIRECTOR:

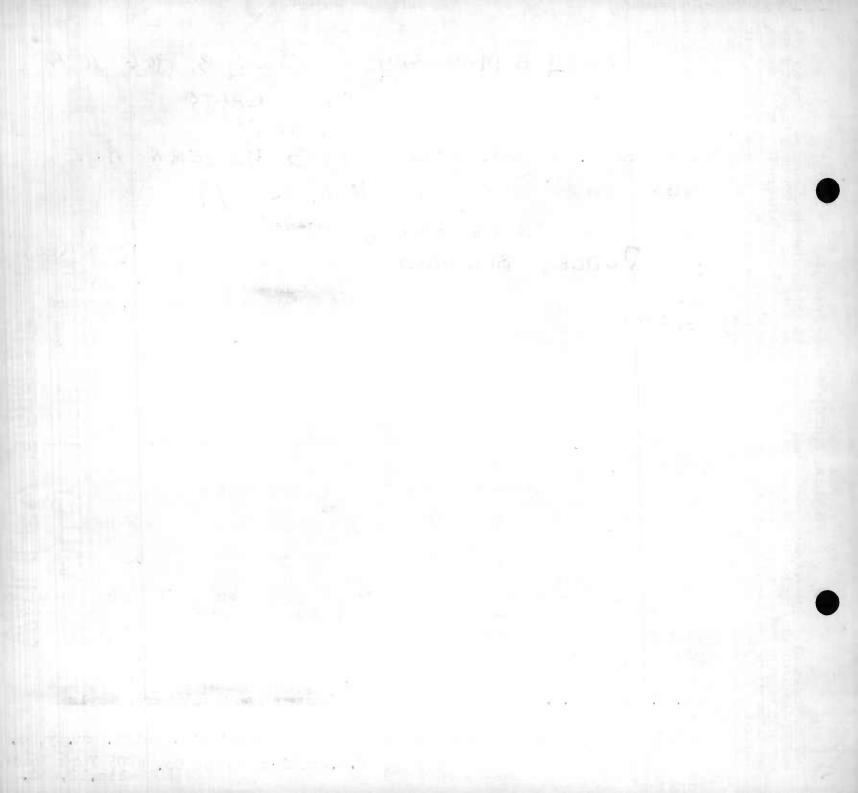
BIRTH NO.	66 07166	CEPTIFIC	ATE OF DEATH Registered No	. 66 07166
AF CASE NO		CLIVIIIC		
NAME OF DE			2. DATE AND HOUR OF DEAT	7.4
Type or Print)		1 11 11 (.11		
	"unnie cu	zabeth McGillen	July 10, 1960 [4. USUAL RESIDENCE (Where deceased lived, II	5 11:45
. PLACE OF D	PEATH IN BALTIMORE, MA	CRYLAND	A. STATE B. COUNTY	I institution: residence before odmi
FULL NAME	OF /II not in becautel	as institution and about	Mryland	
HOSPITAL OF		or institution, give street		te-RURAL and give township)
INSTITUTION				Twee Company
1 1000	111 11 1		D. STREET ADDRESS (If rurol, give location)	, ,
1903	Woodbourne Av	enue	1903 Woodbourne Avenue	2/2//
			1905 Woodwourne Avenue	-21214
S SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday)	Months Doys Hours
Female	White	Widowed (specify)	1 0	Months Doys Hours
OA USUAL OC	CUPATION (Give kind of wor	kilos, kind of Business or Industr	June 16, 1904 62 Y 19. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF
	of working life, even if retired)	TOO KIND OF BOOKINGS OR INDOST		WHAT COUNTRY?
Houseu	vile		Baltimore M ryland	U.S.A.
3. FATHER'S NA	AME		14. MOTHER'S MAIDEN NAME	
Fran	nk Gumpman		Many Mandan 1:4	
			Mary Magaden Link	
5. Was Deceas	ed Ever in U. S. Armed For	s of service) 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	you, give wor or dole	SECORITI NO.	May Anna Tare 1002 1	11.00/2000 1. 21
			Mrs. Anna Troy - 1903 W	
18. 4	01/1	CAUSE	OF DEATH	INTERVAL BETWEE
DISE	ASE OR CONDITION DI			2
	LEADING TO DEATH	(A)	way an our ling als can	Jus
	nat mean the made al	dying, e.g., DUE TO	***************************************	
	e, asthenia, etc. It means amplication which caused			
	ANTECEDENT CAUSES	(B)		
	ANTECEDENT CAUSES	DUE TO		
	OR CONDITIONS, if	any, giving	Kan Galaha CU D	5 m
rise to	OR CONDITIONS, if the abave cause (A)	any, giving	Kun sulutu CU D	5 yr.
rise to	OR CONDITIONS, if the abave cause (A) NG CONDITION last.	any, giving	xin solution CU D	5 yr.
rise ta UNDERLYII	OR CONDITIONS, if the abave cause (A) NG CONDITION last.	any, giving stating the (C)	Kin silitile CU D	5 yr.
rise ta UNDERLYII	OR CONDITIONS, if the abave cause (A) NG CONDITION last.	any, giving stating the (C)	Ky suliku CU D	5 yr.
OTHER SIG	OR CONDITIONS, if the abave cause (A) NG CONDITION last. II CONTRACTOR OF THE CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CAUSING	any, giving Stating The (C)	Ky suliku CU D	5 yr.
OTHER SIG TO THE DISEASE O	OR CONDITIONS, if the abave cause (A) NG CONDITION last. II ENTRICANT CONDITIONS C DEATH BUT NOT RELA OR CONDITION CAUSING OF OPERATION [198. CON	CONTRIBUTING ATED TO THE IT. HOLTON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WER	EE FINDINGS CONSIDERED CAUSES OF DEATH?
OTHER SIG TO THE DISEASE O	OR CONDITIONS, if the abave cause (A) NG CONDITION last. II CONTRACTOR OF THE CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CAUSING	CONTRIBUTING ATED TO THE IT. HOLTON FOR WHICH OPERATION		E FINDINGS CONSIDERED CAUSES OF DEATH?
OTHER SIGNOTHE DISEASE OF THE DISEAS	OR CONDITIONS, if the abave cause (A) NG CONDITION last. III ENIFICANT CONDITIONS C DEATH BUT NOT RELA OR CONDITION CAUSING OF OPERATION 19B. CON WAS PER	any, giving stating the (C) (C) (C)	IN CERTIFYING (RE FINDINGS CONSIDERED CAUSES OF DEATH?
OTHER SIG TO THE DISEASE O 19A. DATE O OR CONTRI	OR CONDITIONS, if the abave cause (A) NG CONDITION last. III ENIFICANT CONDITIONS C DEATH BUT NOT RELA OR CONDITION CAUSING OF OPERATION 198. CON WAS PER DENT WAS UNDERLYING IBUTING CAUSE OF	any, giving stating the (C) (C) (C)	IN CERTIFYING	CAUSES OF DEATH?
OTHER SIG TO THE DISEASE OF CONTRI DEATH (not	OR CONDITIONS, if the abave cause (A) NG CONDITION last. SNIFICANT CONDITIONS C DEATH BUT NOT RELA OR CONDITION CAUSING OF OPERATION 198. CON WAS PER DENT WAS UNDERLYING BUTING CAUSE OF ify medical examiner	any, giving stating the (C)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	CAUSES OF DEATH?
OTHER SIG TO THE DISEASE OF CONTRI DEATH (not DEATH (no	OR CONDITIONS, if the abave cause (A) NG CONDITION last. III ENIFICANT CONDITIONS C DEATH BUT NOT RELA OR CONDITION CAUSING OF OPERATION 198. CON WAS PER DENT WAS UNDERLYING IBUTING CAUSE OF	any, giving stating the (C) CONTRIBUTING ATED TO THE IT. HOITION FOR WHICH OPERATION (FORMED) 21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E, INJURY OCCURRED	in or about 21C. WHERE DID (If in Bolting office bldg., INJURY OCCUR?	CAUSES OF DEATH?
OTHER SIG TO THE DISEASE O 19A. ACCID OR CONTRI DEATH (not 21D. TIME	OR CONDITIONS, if the abave cause (A) NG CONDITION last. SNIFICANT CONDITIONS C DEATH BUT NOT RELA OR CONDITION CAUSING OF OPERATION 198. CON WAS PER DENT WAS UNDERLYING BUTING CAUSE OF ify medical examiner	any, giving stating the (C) CONTRIBUTING ATED TO THE IT. ADDITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Whi	in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	CAUSES OF DEATH?
OTHER SIG TO THE DISEASE OF CONTRI DEATH (not DEATH (not DEATH (not DEATH))	OR CONDITIONS, if the abave cause (A) NG CONDITION last. III ENIFICANT CONDITIONS OF DEATH BUT NOT RELA OF CONDITION CAUSING OF OPERATION 198. CON WAS PER DENT WAS UNDERLYING IBUTING CAUSE OF ify medical examiner) (Month) (Doy) (Year)	any, giving stating the (C) CONTRIBUTING ATED TO THE IT. INDITION FOR WHICH OPERATION FORMED 21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E, INJURY OCCURRED While At Not We work	in or obout 21C. WHERE DID (If in Boltim office bldgs, INJURY OCCUR?	nore City, give exact location)
OTHER SIG TO THE DISEASE OF CONTRI DEATH (not DEATH (not DEATH (not DEATH))	OR CONDITIONS, if the abave cause (A) NG CONDITION last. III ENIFICANT CONDITIONS OF DEATH BUT NOT RELA OF CONDITION CAUSING OF OPERATION 198. CON WAS PER DENT WAS UNDERLYING IBUTING CAUSE OF ify medical examiner) (Month) (Doy) (Year)	CONTRIBUTING ATED TO THE INDITION FOR WHICH OPERATION CONTRIBUTING	IN CERTIFYING CO. In or about 21C. WHERE DID (If in Boltim office bldg., INJURY OCCUR?	CAUSES OF DEATH?
OTHER SIG TO THE DISEASE O 19A. DATE (21A. ACCID OR CONTRI DEATH (not DEATH (not DEATH (not DEATH (not) 22. I certifi	OR CONDITIONS, if the abave cause (A) NG CONDITION last. III ENIFICANT CONDITIONS OF DEATH BUT NOT RELA OF CONDITION CAUSING OF OPERATION 198. CON WAS PER DENT WAS UNDERLYING IBUTING CAUSE OF ify medical examiner) (Month) (Doy) (Year)	any, giving stating the (C) CONTRIBUTING ATED TO THE IT. ADITION FOR WHICH OPERATION FORMED 21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Work Work Not Work	IN CERTIFYING C	nore City, give exact locotion)
OTHER SIGNOTHER	OR CONDITIONS, if the abave cause (A) NG CONDITION last. INIFICANT CONDITIONS OF DEATH BUT NOT RELA R CONDITION CAUSING OF OPERATION 198. CON WAS PER DENT WAS UNDERLYING IBUTING CAUSE OF ify medical examiner) (Month) (Doy) (Year) Ify that (1) (Hits hospital e) lost saw the decease	any, giving stating the (C) CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21 E. INJURY OCCURRED While At Not Will Work At Work Work Not We work At World At World At Work At Wor	IN CERTIFYING (in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 to	nore City, give exact locohon)
OTHER SIG TO THE DISEASE OF CONTRIDENT (NOT INCLUDED TO THE CO	OR CONDITIONS, if the abave cause (A) NG CONDITION last. INITICANT CONDITIONS OF DEATH BUT NOT RELATED TO THE CONDITION CAUSING OF OPERATION 198. CON WAS PER DENT WAS UNDERLYING BUTTING CAUSE OF MACK CAUSE OF MA	CONTRIBUTING ATED TO THE INDITION FOR WHICH OPERATION CONTRIBUTING	IN CERTIFYING (in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 to	causes OF DEATH? nore City, give exoct locotion) 19 19 19 19
OTHER SIGNOTHER	OR CONDITIONS, if the abave cause (A) NG CONDITION last. ILL. INTERCANT CONDITIONS CONDITIONS CONDITION CAUSING OF OPERATION 198. CON WAS PER DENT WAS UNDERLYING INTERCANT CAUSE OF IN	any, giving stating the (C) CONTRIBUTING ATED TO THE IT. ADDITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Will Work At Work 1) attended the deceased from ted alive an ted abave. (I) (We) (did) (did nat)	IN CERTIFYING (In or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 to	nore City, give exact location)
OTHER SIG TO THE DISEASE O 19A. DATE (21A. ACCID OR CONTRI DEATH (not 25 I Certifi that (1) (w and hour a 23A. SIGNA'	OR CONDITIONS, if the abave cause (A) NG CONDITION last. III ENIFICANT CONDITIONS C DEATH BUT NOT RELA OF OPERATION 198. CON WAS PER DENT WAS UNDERLYING IBUTING CAUSE OF ify medical examiner (Month) (Doy) (Year) Type that (I) (this hospital e) lost saw the decease and from the causes starture.	any, giving stating the (C) CONTRIBUTING ATED TO THE IT. HOTHON FOR WHICH OPERATION FORMED 21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21 E. INJURY OCCURRED While At Work At Work Work At Work 1) attended the deceased from ted alive an ted abave. (I) (We) (did) (did nat)	IN CERTIFYING (in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 to	causes OF DEATH? Thore City, give exoct locotion) 19 19 19 19 19
OTHER SIG TO THE DISEASE OF CONTRIDENT (APPROX.) 23C, HYSIC 23C,	OR CONDITIONS, if the abave cause (A) NG CONDITION last. INIFICANT CONDITIONS OF DEATH BUT NOT RELA OF OPERATION 198. CON DENT WAS UNDERLYING BUTING CAUSE OF ify medical examiner (Month) (Doy) (Year) fy that (I) (this hospital e) lost saw the decease and fram the causes sta TURE.	any, giving stating the (C) CONTRIBUTING ATED TO THE IT. HOTHON FOR WHICH OPERATION FORMED 21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21 E. INJURY OCCURRED While At Work At Work Work At Work 1) attended the deceased from ted alive an ted abave. (I) (We) (did) (did nat)	IN CERTIFYING (In or about 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19	causes OF DEATH? Thore City, give exoct locotion) 19 19 19 19 19
OTHER SIG TO THE DISEASE OF CONTRIDENT OF CO	OR CONDITIONS, if the abave cause (A) NG CONDITION last. INIFICANT CONDITIONS OF DEATH BUT NOT RELA OF OPERATION 198. CON DENT WAS UNDERLYING BUTING CAUSE OF ify medical examiner (Month) (Doy) (Year) fy that (I) (this hospital e) lost saw the decease and fram the causes sta TURE.	any, giving stating the (C) WILLIAM (C) White At Work Not William (C) Web (did) (did not) M.D. A Pi	IN CERTIFYING (In or obout 21C. WHERE DID office bldgs., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19	causes OF DEATH? nore City, give exoct locotion) 19 19 19 19
OTHER SIG TO THE DISEASE OF 19A. DATE OF CONTROL 21A. ACCID OR CONTRIL DEATH (not 1) (W. and haur of 23A. SIGNA: 23C, PHYSIC NAME	OR CONDITIONS, if the abave cause (A) NG CONDITION last. INIFICANT CONDITIONS OF DEATH BUT NOT RELA OF OPERATION 198. CON DENT WAS UNDERLYING (Month) (Doy) (Year) If that (1) (this hospita e) lost saw the decessed of franche causes starture. ITAN'S (Type)	any, giving stating the (C) CONTRIBUTING ATED TO THE IT. ADDITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Work Work At World At Work 1) attended the deceased from ted alive an ted abave. (I) (We) (did) (did) nat) M.D. Apple	IN CERTIFYING Confice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19	DATE/SIGNED
OTHER SIG TO THE DISEASE O 19A. DATE (21A. ACCID OR CONTRI DEATH (not DEATH	OR CONDITIONS, if the abave cause (A) NG CONDITION Iasl. III ENIFICANT CONDITIONS OF DEATH BUT NOT RELA OF OPERATION 198. CON WAS PER DENT WAS UNDERLYING IBUTING CAUSE OF infy medical examiner (Month) (Doy) (Year) If that (I) (this hospital e) lost saw the decease and from the causes sta TURE. AND TURE REMATION, 248. DATE	any, giving stating the (C) WILLIAM (C) White At Work Not William (C) Web (did) (did not) M.D. A Pi	IN CERTIFYING Confice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19	DAUSES OF DEATH? There City, give exect locotion) 19 19 23B. DATE/SIGNED 10 10 10 10 10 10 10 10 10 1
OTHER SIG TO THE DISEASE O 19A. DATE O 21A. ACCID OR CONTRI DEATH (not DEATH	OR CONDITIONS, if the abave cause (A) NG CONDITION Iasl. INIFICANT CONDITIONS CONDITIONS CONDITION CAUSING OF OPERATION 198. CON WAS PER DENT WAS UNDERLYING BUTING CAUSE OF ify medical examiner (Month) (Doy) (Year) Ify that (I) (this haspital e) lost saw the decease and from the causes sta TURE. AND TURE. REMATION, 248. DATE . (Specify)	any, giving stating the (C) CONTRIBUTING ATED TO THE IT. INDITION FOR WHICH OPERATION FORMED 21 B. PLACE OF INJURY (e.g., hame, form, foctory, street, etc.) (Hour) 21 E. INJURY OCCURRED While At Not Work At Work 1) attended the deceased from ted alive an ted alive an ted abave. (I) (We) (did) (did nat) M.D. Api	IN CERTIFYING C In or obout 21C. WHERE DID office bldgs., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19	pplnian death accurred an th
OTHER SIG TO THE DISEASE O 19A. DATE (21A. ACCID OR CONTRI DEATH (not DEATH	OR CONDITIONS, if the abave cause (A) NG CONDITION Iasl. III ENIFICANT CONDITIONS OF DEATH BUT NOT RELA OF CONDITION CAUSING OF OPERATION 198. CON WAS PER DENT WAS UNDERLYING (BUTING CAUSE OF lify medical examiner) (Month) (Doy) (Year) If that (I) (this hospital e) lost saw the decease and from the causes sta TURE. (A) (A) (B) (B) (C) (C) (C) (C) (C) (C	any, giving stating the (C) CONTRIBUTING ATED TO THE IT. HOLTON FOR WHICH OPERATION FORMED 21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21 E. INJURY OCCURRED While At Not Will At Work Work Not Will At Work 1) attended the deceased from ted alive an ted alive an ted alive an ted above. (I) (We) (did) (did nat) M.D. A PI	IN CERTIFYING C In or obout 21C. WHERE DID (If in Boltim office bldgs., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19	pplnian death accurred an th



FUNERAL DIRECTOR: IMPORTANT

	AME OF DECEAS			ATE OF D		Registered N	
(Тур	e or Print) NE	LLIEM.	KAHN (MRS. GARR	o11 J.)		7-1	2-66 5
F H Ih	FULL NAME OF HOSPITAL OR NSTITUTION	oddress or locoti	l or institution, grve street	A. STATE MD, C. CITY OR TO BALTO D. STREET ADI	B. COUNT OWN (If outs ORESS (If re	ide city limits, wi	
			•	3802		ERNE	ROAD
5. \$1	2	RACE W	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	2 - 19	-23	AGE (In years ost bighdoy)	If Under 1 Yr. If U Months Doys Hour
	during most of work	KNON (Give kind of wo king life, even if retired)	OWN HOME	BAL	(Stote or foreig	n country)	12. CITIZEN OF WHAT COUNTRY
13. F	MILTON	PALM	ER	14. MOTHER'S		N50 N	
15. V (Yes,	Wos Deceased Events, no or unknown) (If	er in U. S. Armed Fo yes, give wor or do	orces? 16. SOCIAL SECURITY NO. 215-18-193	17. INFORMANT	ND CA	RROLL J	KAHEN JA.
	(This does not heart foilure, ast	OR CONDITION D ADING TO DEATH meon the mode of thenio, etc. It meon	of dying, e.g., DUE TO s the disease,	ARCINOMA	TOSIS.	**********************	7 YEARS
	AN'	TECEDENT CAUSE CONDITIONS, it	\$ (B)	***************************************			
FICATION	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEADISEASE OR CO	CONDITIONS, it obove couse (A) CONDITION lost, II ANT CONDITIONS THE BUT NOT REINDITION CAUSING PERATION 198. CO	S (B) DUE TO Ony, giving stoling the (C) CONTRIBUTING ATED TO THE IT. NOTION FOR WHICH OPERATION		SY? (Yes or No)	20B. IF YES, WE	RE FINDINGS CONSIDEREI
CERTIFIC	DISEASES OR FISE TO THE DEAT DISEASE OR CO 19A. DATE OF OR CONTRIBUTION	CONDITIONS, it cobove couse (A) CONDITION lost. II ANT CONDITIONS TH BUT NOT REINDITION CAUSING PERATION 198. COWAS PERATION CAUSE OF CAUSE OF	S (B) DUE TO Ony, giving sloling lhe (C) CONTRIBUTING ATED TO THE IT. NDITION FOR WHICH OPERATION REFORMED 21B. PLACE OF INJURY (e., home, form, toctory, street,	> in or obout 21 C. W	WHERE DID	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL CERTIFIC	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEADISEASE OR CO 19A. DATE OF OF 21A. ACCIDENT OR CONTRIBUTIN DEATH (notify me	CONDITIONS, it cobove couse (A) CONDITION lost. II ANT CONDITIONS TH BUT NOT REINDITION CAUSING PERATION 198. COWAS PERATION CAUSE OF CAUSE OF	S (B) DUE TO Ony, giving sloling line (C) CONTRIBUTING ATED TO THE IT. NOTION FOR WHICH OPERATION RFORMED 21B. PLACE OF INJURY (e., home, form, toctory, street, etc.) (Hour) 21E. INJURY OCCURRED	office bldg., INJUR	WHERE DID	IN CERTIFYING	NO.
MEDICAL CERTIFIC	DISEASES OR rise to the UNDERLYING OUNDERLYING OUNDERLYING OUNDERLYING OTHER SIGNIFIC TO THE DEAT DISEASE OR CO 19A. DATE OF OF CONTRIBUTING OR CONTRIBUTING OF INJURY (APPROX.) 21D. TIME (NOTE OF INJURY (APPROX.)	CONDITIONS, it cobove couse (A) CONDITION lost. ANT CONDITION STH BUT NOT RELATION CAUSING PERATION WAS PERATION WAS PERATION (CAUSE OF Edicot exominer) Anorth) (Doy) (Year this hospitals saw the decease	S DUE TO Ony, giving Stoling The (C) CONTRIBUTING ATED TO THE IT. NDITION FOR WHICH OPERATION RFORMED 21B. PLACE OF INJURY (e., home, form, toctory, street, etc.) While At Not W Work At Wall At Street Sed alive on 7-	office bldg., INJUR 21F. H /hile 7- - (2 19 6 4	WHERE DID Y OCCUR? OW DID INJU	RY OCCUR?	CAUSES OF DEATH? NO x more City, give exact locofi
MEDICAL CERTIFIC	DISEASES OR rise to the UNDERLYING OUNDERLYING OUNDERLYING OUNDERLYING OTHER SIGNIFIC TO THE DEAT DISEASE OR CO 19A. DATE OF OF CONTRIBUTING OR CONTRIBUTING OF INJURY (APPROX.) 21D. TIME (NOTE OF INJURY (APPROX.)	TECEDENT CAUSE CONDITIONS, it obove couse (A) CONDITION lost. II ANT CONDITIONS TH BUT NOT REI NOT N	CONTRIBUTING ATED TO THE IT. NOITION FOR WHICH OPERATION REFORMED 21B. PLACE OF INJURY (e.g., home, form, toctory, street, etc.) While At Not Work attended the deceased from attended the deceased from attended the deceased from attended obove. (1) (###) (did attended the deceased from attended obove. (1) (####) (did attended the deceased from attended obove. (1) (####) (did attended the deceased from attended obove. (1) (####) (did attended the deceased from attended obove. (1) (####) (did attended the deceased from attended obove. (1) (####) (did attended the deceased from attended obove. (1) (####) (did attended the deceased from attended obove. (1) (####) (did attended the deceased from attended obove. (1) (####) (did attended the deceased from attended the de	ye, in or obout 21C. Woolfice bidg., INJUR 21F, H /hile	WHERE DID Y OCCUR? OW DID INJU	RY OCCUR?	CAUSES OF DEATH? NO s more City, give exact locon
MEDICAL CERTIFIC	DISEASES OR rise to the UNDERLYING OF THE DEAT DISEASE OR CO 19A. DATE OF OF 19A. DATE OF OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING OF INJURY (APPROX.) 22. I certify the thot (1) (1) (1) (2) ond hour ond free 23A. SIGNATURE 23C. PHYSICIAN'S 23C. PHYSICIAN'S	CONDITIONS, it obove couse (A) conditions it obove couse (A) condition lost. II ANT CONDITION STH BUT NOT REINDITION CAUSING PERATION 198. CO WAS PEWAS UNDERLYING IG CAUSE OF redicot exominer) Anthur Tion, 1248. Date	CONTRIBUTING ATED TO THE 1T. DIE TO CONTRIBUTING ATED TO THE 1T. DITION FOR WHICH OPERATION REFORMED 21B. PLACE OF INJURY (e.g., home, form, toctory, street, etc.) While At Not V Work At W. At W.	office bldg INJUR office bldg INJUR 21F. H /hile - 12 19 6 6 > view the bady of the bady o	OW DID INJU ond tha	RY OCCUR? Thin my (500)	CAUSES OF DEATH? NO s more City, give exact locofi 7-12 opinlan death occurred

(I meanly seal, Autom British 41.17 DALTE THE WAS DE HARY LAND TO HER BUT INT. SECR DELICENCE COLD 2-19-23 43 HE CHIEF CO. ULE PLEASUR MILTON PALMER ADA JENNESH NO WALL THERED SHEETING TO PROVIDE TO THE PERSON OF THE PE CARCINOPARPOLIS. 7-12-60 6-Ection to Labour to Wayments Hoop



00 12400	BALTIMO
66 07169	CERTI

ORE CITY HEALTH DEPARTMENT

IRTH NO. OU O / LO	CERTIFICA	TE OF DEATH	Registered Na	000000000000000000000000000000000000000
N.E. CASE NO.		2. DATE	AND HOUR OF DEATH	
Type or Print)	Oran C	7/	12 166	12100
PLACE OF DEATH IN BALTIMORE	MARYLAND	4. USUAL RESIDENCE (W	here declared lived. If in	stitution: residence before admission)
		A. STATE B. CO	UNTY	11 -27 3 6
FULL NAME OF (If not in hosp	ital ar institution, give street	MARULAN	in 1311	1000
HOSPITAL OR address or lac	11 11	C. CITY OR TOWN (II	outside city limits, write R	(URAL and give (wnship)
UNIVERSI	TY HOS PIJA /	RATTIN	TORE MAR	24/pm
	1		(If rural, give location)	
		1922	E. Belowh	se aug.
SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
E 14	WIDOWED, DIVORCED (specily)	5/1/2	lost birthdoy)	Manths Days Haurs Min.
VV	WIDOWED	14/5	63	
ne during mast of warking life, even if retir	work 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPEACE (State or fo	areign country)	12. CITIZEN OF WHAT COUNTRY?
HINEWIFE	own Home	1Tn/	4 RAME	USA
FATHER'S NAME		14. MOTHER'S MAIDEN N	VAME 12	1 1 1
1	0 : :	. /	MIACE	NINI
JOSEPA	PACIARECUI	Jasephine	EKACIAR	EH/5
. Was Deceased Ever in U.S. Armed es, na ar unknawn) (If yes, give war ar	dates of service) 16. SOCIAL SECURITY NO.	17. INFORMAN		ADDRESS
000	21/-40-0170	n	Low Conne	0.0 = 0 00
110	50 17 0 0 179	PAUGES	ien (mas	ROSE C. DAVIS
18.260 X I	CAUSE	DE DEATH		ONSET AND DEATH
DISEASE OR CONDITION LEADING TO DEA		Also 1	1 . 5 . 4	
	(A)	1770 CARILL	A / INTARUL	(xa)
(This does not meon the mode heart failure, asthenia, etc. It me				
injury or complication which cou	sed deoth,)	Acun		
ANTECEDENT CAU	SES (B) DUE TO	10//		• • • • • • • • • • • • • • • • • • •
DISEASES OR CONDITIONS,		7 - 2 -		43.5 20 30 30 30 30
rise to the obove couse ((A) stoling the (C)	1H156/15		
UNDERLYING CONDITION Iosi.				
11				
OTHER SIGNIFICANT CONDITION	S CONTRIBUTING			
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT I DISEASE OR CONDITION CAUSIN	IG IT.			
	PERFORMED	20 A. AUTOPSY? (Yes ar	No. 208. IF YES, WERE F	INDINGS CONSIDERED
U - WAS	None	No	IN CERTIFIED CAL	DSES OF DEATH:
21A. ACCIDENT WAS UNDERLYIN		in ar about 21 C. WHERE DID	(If in Baltimore	City, give exact lacation)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hame, lorm, factory, street, etc.)	office bldg., INJURT OCCUR?		
	111	015 115 115 115 115 115 115 115 115 115		
OF INJURY (Manth) (Day) (Y		21F. HOW DID I	NJURY OCCUR?	
(APPROX.)	While At Not Whi			
22 Leastifu that (I) Tabis has	ital) attended the deceased fram	1/24/10	10 4-	11/13 1066
		1/	19ta	/ /
	pased alive an $8//3$			nian death accurred an the dat
and haur and from the causes	stated abave, (1) (We) (did) (did not)	view the bady after deat	h.	
23A. SIGNATURE	1 001			238. DATE SIGNED
12001	M.D. At	tending Med. Director	Stoff Phys.	7/10/16
23C. PHYSICIAN'S	Alcenar by	23D. ADDRESS	rnys, LDL	1/60/66
NAME (Type)	Wayned		m Transfer	
Joseph	J. Mowad M.D.	Universit;	y Hospital	
A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of CR	REMATORY 24D.	LOCATION (Cit	ty, tawn, ar caunty) (State)
- 1 0	/20// D-2:		D-7 L.	36.7
Burial 7/18,	/1966 Baltimore Na	tional	Baltimore	Md.

VS 150-REV. 1/1/65

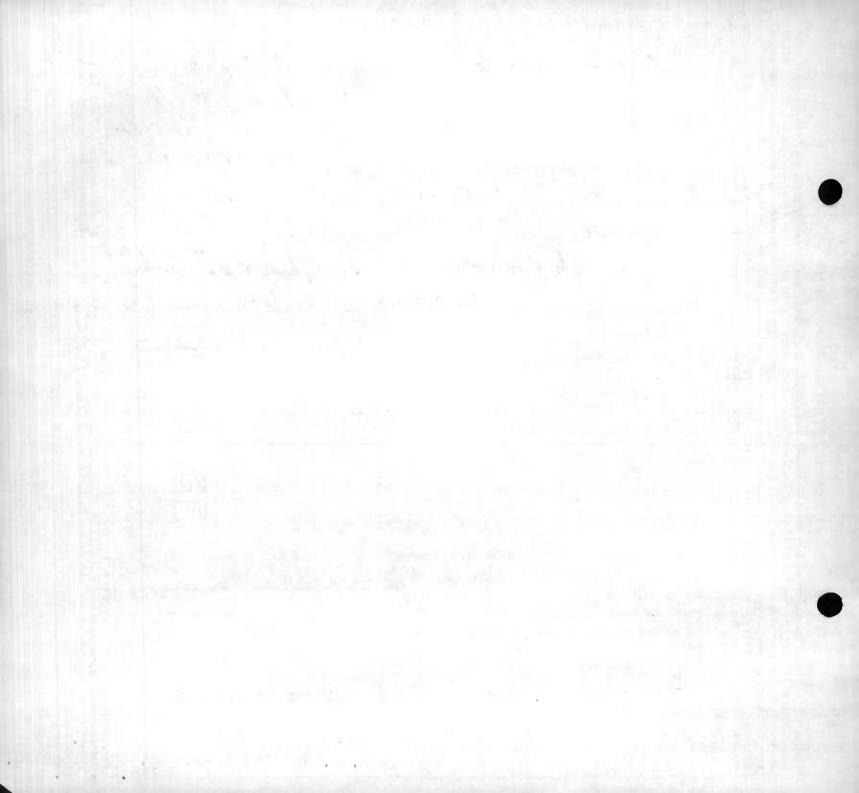
JUL 15

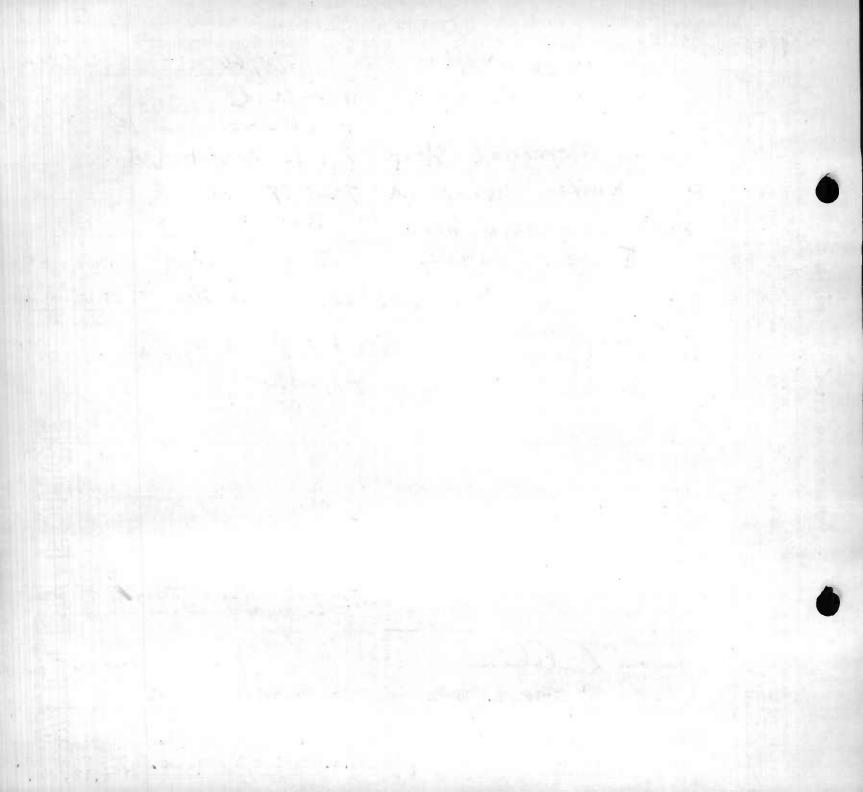
1966

& E. FarleyMA

W. Jenkins & Sons

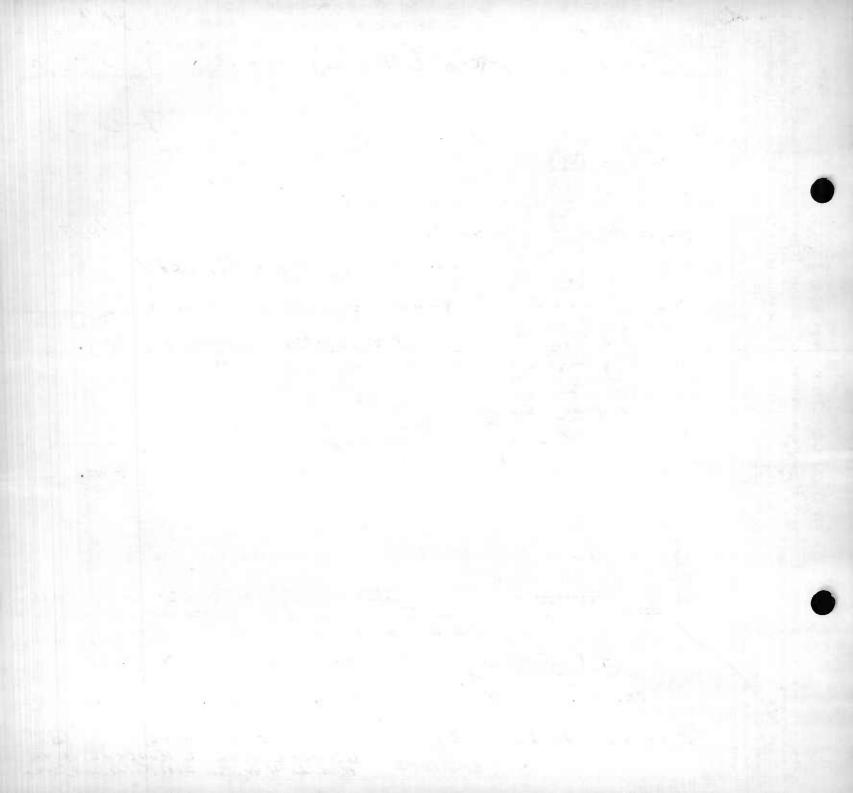
York Md. Co. 4 Balto. 4905





DIRECTOR:

FUNERAL



VS 150-REV. 1/1/65

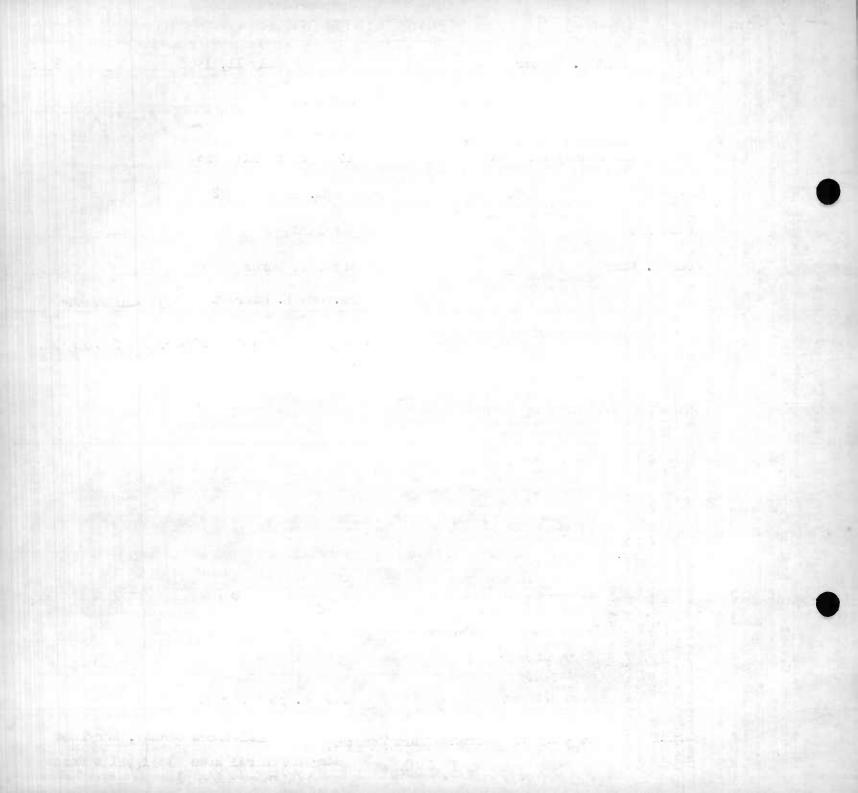
00 07479	BALTIMORE CITY	HEALTH DEPARTMENT		66 07173
IRTH NO. 66 07173	CERTIFICA	TE OF DEATH	Registered No	
A.E. CASE NO. NAME OF DECEASED,			D HOUR OF DEAT	ч
Type or Print)	-/			11,20
JOHNSON, P.	LORENCE	7-13		
PLACE OF CEATH IN BALTIMORE, MARYLA	ND	4. USUAL RESIDENCE (When	e deceased lived. If TY	institution: residence before admis
FULL NAME OF (If not in hospital or in	******			
FULL NAME OF (If not in hospital or in HOSPITAL OR oddress or location)	stitution, give sireer	C. CITY OR TOWN , (If out	older little Hamilton south	e RURAL and give township)
INSTITUTION NIDEING HE	mE	10 11:4	1	e KOKAL ONG GIVE TOWNSHIP!
INCOLN MURSIN		LJA/TI/	one, /	10
7 N. CAREY DI.			urol, give location)	1
FULL NAME OF HOSPITAL OR Oddress or location) INCOLN NURSING HOSPITALOR INCOLN NURSING HOSPITALOR BALTO, Md. 21223		1420 WA	Rd St	
SEX 6. RACE 7. 1	MARRIED NEVER MARRIED	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr., If Under 24
E	WIDOWED, DIVORCED (specify)	1841	ost birthdoy)	Months Ooys Hours N
FIV		1011	69	
A. USUAL OCCUPATION (Give kind of work 10 B.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
De mas tie		Balta n	2-1	715 1
Vollestic		1341701 //	10	13.4.
FATHER'S NAME		MOINTERS MAIDEN NAM	11 . 1	\
HENRY INNIAL	Ke.	+1:70 1	VI: 1/5.	
Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	11113.	ADDRESS
es, no or unknown) (If yes, give wor or dates of	service) SECURITY NO.			
				1
11B. Z/ Q 3 X 1	CAUSE Q	E_DEATH		INTERVAL BETWEEN
7701				ONSET AND DEATH
DISEASE OR CONDITION DIRECT	LY	[NELMON, A]		
(This does not mean the mode of dyi	(A)	1 10000000		
DISEASES OR CONDITIONS, if ony, rise to the above couse (A) sta UNDERLYING CONDITION last.				
OTHER CICALIFICANT CONDITIONS CON	FRIENIC			
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED				
OISEASE OR CONDITION CAUSING IT.		140		
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM		20 A. AUTOPSY? (Yes or No)	IN CERTIFYING	E FINDINGS CONSIDERED AUSES OF DEATH?
		No		
	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	or obout 21C. WHERE DID	(If in Boltim	ore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	etc.)	ince diag., INJURT OCCUR?		
	\ (a) 5 \ (b) 14 \ (a) 5 \ (c) 15 \ (c) 16 \ (c)	015		
21D. TIME (Month) (Doy) (Year) (H		21F. HOW DID INJU	JRY OCCUR?	
(APPROX.)	While At Not While Work At Work			
		2/1/2		n -1 1 1
22. I certify that (1) (this hospital) at	tended the deceased fram	2/10/53	9ta	7/13/66 19
that (1) (we) last saw the deceased a	ive an 7/12/66	19and tha	it in (my) (aur) a	plnian death accurred an the
and hour and from the causes stored				
23A. SIGNATURE	(dia nat) v	iew the body after death.		DAYE CLOSE
()/////////////////////////////////////		dina —	s. " —	23B. DATE SIGNED
John flim	and M.O. Atte	nding Med.	Stoff Phy s.	
23C. PHYSICIAN'S		23D. ADDRESS /	1	
NAME (Type)) / -	5519 KEDNIS	in the	12A27)-1
Tokhis,	EUNAL CAE M.O.	1 / 20010.20	0	1000
A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CRE	MATORY 24D. JC	CATION	Gink Windor county) ((Sta
REMOVAL (Specify)	1.81-1	- 7	10/190	1/2: 1
1/10/04	0000	al and 13	1/11,	Mulle
A. DATE REC'D BY HEALTH DEPT 258	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	1/11/14	ADDRESS
JUI /1 a /19hh /1	U. 17 7 4 174 . Lav. M. B.	1/1/1/201/	1/1/1/	1. 11. 1/25/10-

(mennan) 7/12/26 2/10/50 554 Roma As

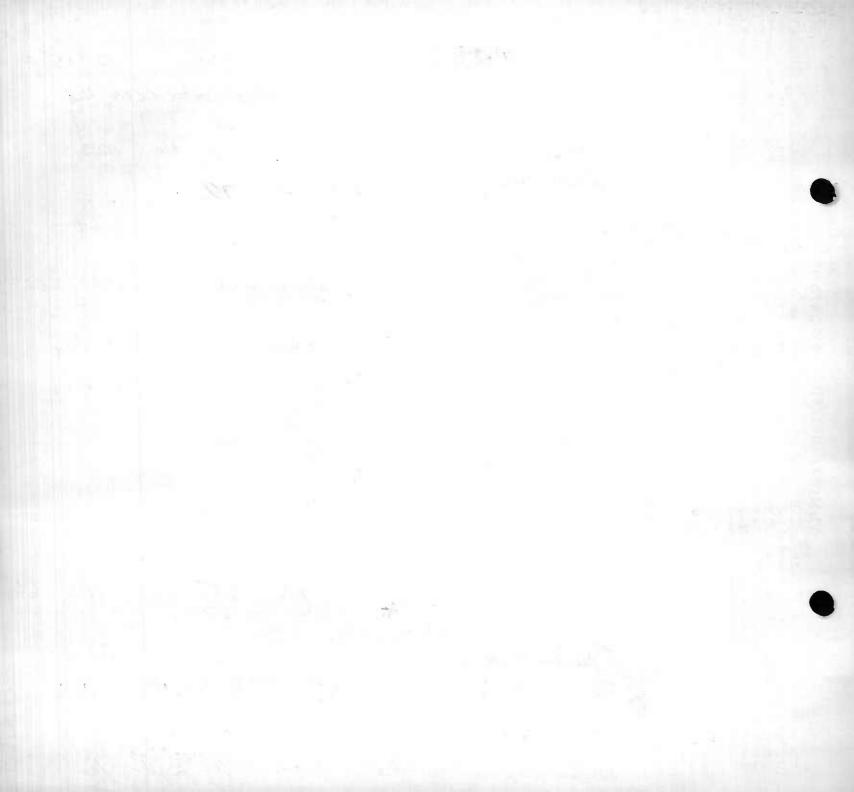
FUNERAL DIRECTOR:

WIDE STREET PROPERTY STREET ST

and while over the second in which were

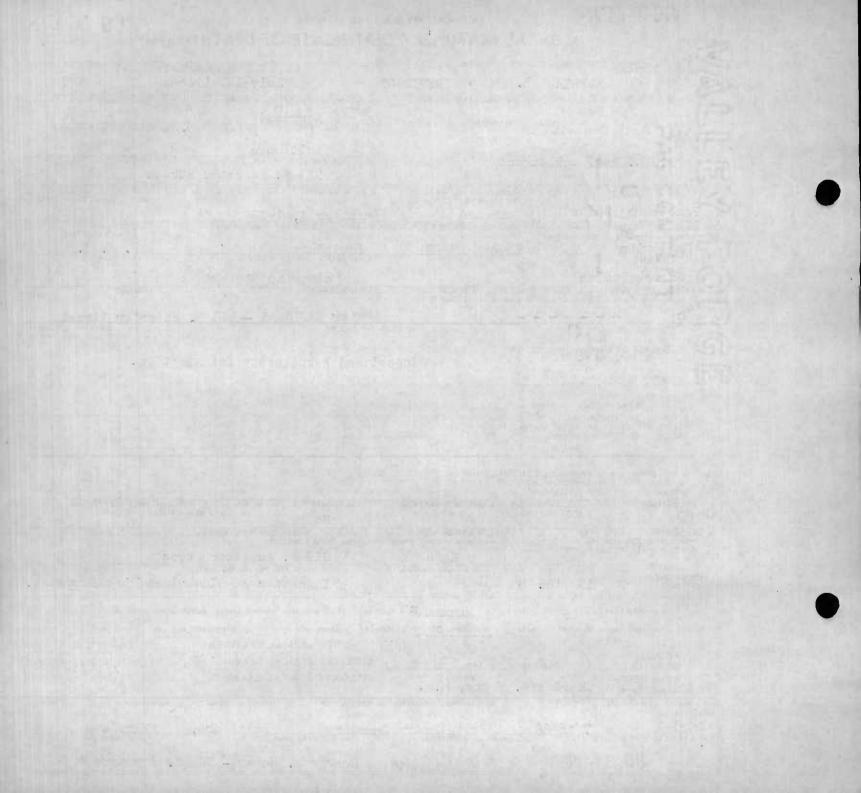


SAB-42-80-90]		OO OPERM	BALTIMORE CITY	HEALTH DEPARTMENT		66 07176
P-39500=		н но. 66 07176	CERTIFICA	TE OF DEATH	Registered No	00 07170
pital and of death Deceased e on the ath. Such	1. N	CASE NO. IAME OF DECEASED RED, Man	à.o.		HOUR OF DEATH	1/2:25 Am
Poof Th.	3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND	200			stitution: residence before odmission)
hosi (5) and		FULL NAME OF (11 not in hospital or institution, give	street	1727 Har	to de toe.	Salto MA URAL and Sive township)
l in a h ng caus cause; (attenda ior to c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NSTITUTION A	Telo	Patinione 1	I de city limits, write i	UKAL ond give township)
	7/	Baltimore, Med			ural, give location)	02022
0.= -		(Saltimore, ma	. 21224	1121 Hay	ford we	21213
th occurre contribut etermined in regular sceased pon is made	5. 5	Temale // egro	DIVORCED (specify)	12-25-94	ost hirthday	(f Under 1 Yr. tf Under 24 Hrs. Months Doys Hours Min.
dete in re-		. USUAL OCCUPATION (Give kind of work 10B, KIND OF BU a during most of working life, even if setired)	SINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	in country)	12. CITIZEN OF WHAT COUNTRY?
nd nd		Howoewste		Jexas		UST
P = D B e S	13.	FATHER'S NAME U	1	14. MOTHER'S MAIDEN NAM	1 E	
F _ E S9						
IMPORTANT or his assistant Also, if the dis of any kind; ounced death attendance on	15. (Ye:	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) ((If yes, give wor or dates of service)	SECURITY NO.	Records BCH-	4940 Easter	Avenue 21224
s as any condandandan		18. 3 3 / X I	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
MPC his of an of an unce		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Pa	10.10		1 0-
R: IN ner or I er. Als cture o pronou		(This does not mean the mode of dying, e.g.,	DUE TO	VA		
OR: I	Ш	heart foilure, osthenia, etc. It means the disease, injury or complication which caused death,)	n	11.1		()
0 -= = 0 = =		ANTECEDENT CAUSES	(B)	V/T		6 mos.
xam xam xam xam xam reg		DISEASES OR CONDITIONS, if any, giving	002 10			
S = 9 & E = E &		rise to the above couse (A) stating the UNDERLYING CONDITION last.	(C)			
DI ica ical icia assain		II				
RAL D medical medical burns; physicia	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
hief ody sici	ERTIFICA	19A. DATE OF OPERATION 198. CONDITION FOR WHI	CH OPERATION	MA. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
- E-3 F-4	0	OR CONTRIBUTING CAUSE OF home, f	ACE OF INJURY (e.g., in form, foctory, street, offi	or about 21 C. WHERE DID		City, give exact (acation)
by the pital re; (whe No	U	DEATH (notify medical examine) etc.)	United to 1			
	MEDI	OF INJURY	At Not While	21F. HOW DID INJU	JRY OCCUR?	
		Work	MI WORK		1	
5 - 5 - 0		22. I certify that (1) (this hospital) attended the	deceased from		9.6.1.10	7/14 19 66,
_ 0 _ 0		thoy(I) (we) last saw the deceased alive an			t in my (our) opli	nion death occurred on the date
ust be a dent of dent of death) must be		and hour and from the couses stated above. (1) (V	We) (did))(did not) vi	iew the body after death.		DATE SIGNED
3 6.5 6 6		Frenchis & Stra	us M.D. Atten	nding Med.	Stoff Phys.	7-14-66
0 - 0 - >		23C. PHYSICIAN'S NAME (Type)		3D ADDRES494Q East		Baltimore,Md.
icate Was r An a L at e prior		tranklin 9- STR	LAUSS M.D.	Baltonne le	ty Ampil	ils 21224
A P P P P P P P P P P P P P P P P P P P	244	BURIAL CREMATION, 248. DATE 24C. NAMI	E of CEMETERY OF CREA	MATORY 24D. LO	CATION (Ci	y, Jown, or county) (State)
certificat body was /s: (1) An D.O.A. at ased pric	13	urial 7-16-66 mit	Calvania	Lo	reto me	
This certif the body shows: (1) was D.O deceased	25A	. DATE REC'D BY HEALTH DEPT. 258. NAME OF R	REGISTRAR	25C. FUNERAL DIRECTOR	1935Ha	horder to
#### \$# \$		111 15 1966 P.C.	TE, Jakey	Marshall	an	es fr
	VS	150-REV. 1/1/65				0

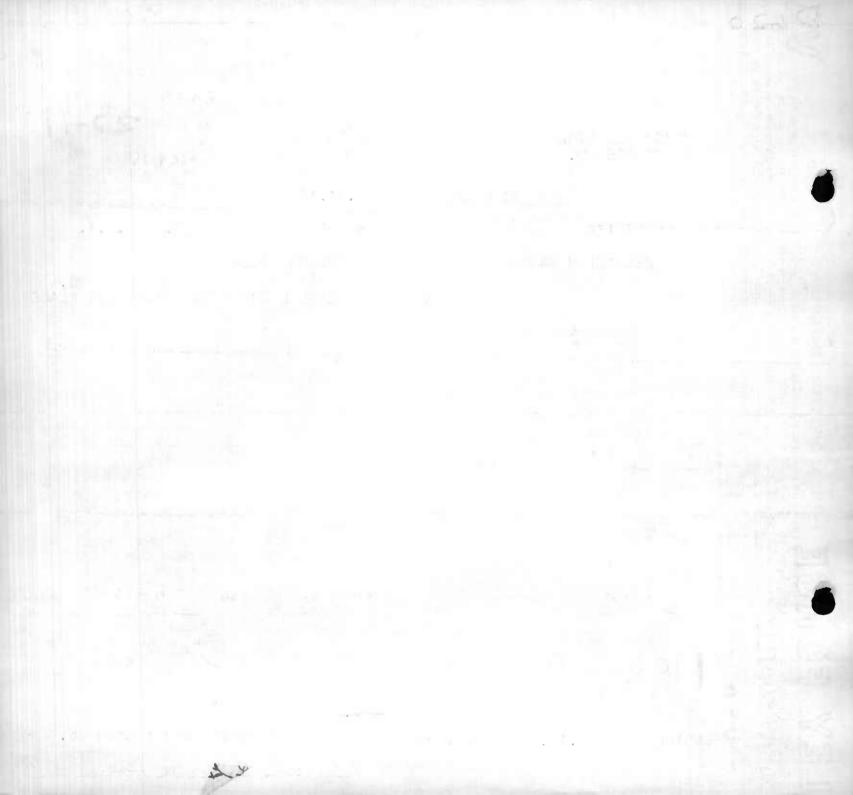


החובד ד. רח נד

	H NO.	MED	ICAL EX	AMINER'S CE	ERTIFICATE OF	DEATH Registe	ered No	07170
	NAME OF DE	SOPHIA	L.	OFFIDANI		nd Hour Pronouncy 14, 1966		20 A
3. P	LACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (When A. STATE Maryland	B. COL	litution: residence	before odmission)
HO	L NAME OF SPITAL OR TITUTION	ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	C. CITY OR TOWN (If outs	ide corporate limita write	RURAL and giv	e township)
	313	S. Regester S	Street		Baltimor D. STREET ADDRESS (If rure 313 S. R		et	
5. S	EX Female	6. RACE White		IVORCED (specify)	B. DATE OF BIRTH December 1. 190	9. AGE (In years lost birthday)	If Under 1 Yı. Months Doys	If Under 24 Hrs. Hours Min.
	during most of	working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT CO	UNTRY?
13. F	Housew FATHER'S NAM		Packin	g House	Louisiana 14. MOTHER'S MAIDEN NAM	ME	U. S.	Α
	Ja co	b Podles			Catherine :	Bielski		
		D EVER IN U.S. ARMED		SECURITY NO.	17. INFORMANT		ADDRESS	
	No			?	Peter Offidani	- 313 S. Re	gester St	reet
	1B.	()		CAUSE	OF DEATH		INTE	ET AND DEATH
CERTIFICATION	DISEASES RISE TO TH UNDERLY!!	not mean the mode of control of the course o	ES NY, GIVING TATING THE	DUE TO (B) DUE TO (C)	1 and Barbitura	oc Incorrect		0
RTIFIC	DISEASE O	DEATH BUT NOT RE R CONDITION CAUSING FOPERATION 198, CON	FIT.	HICH OPERATION	20A. AUTOPSY? (Yes or No	ol 20B. IF YES, WERE FI	NDINGS CONSID	DERED
_	21 A FYTERNA	WAS PER	FORMED		NO	IN CERTIFYING CAU	SES OF DEATH?	4
MEDIC	UNDERLYING	OR CONTRIB- ISE OF DEATH. (Month) (Doy) (Yeo 7 13 166	r) (Hourl 21	HOME INJURY OCCURRED HILE AT NOT NORK	313 S. Re 21F. How DID IN WHILE TO INGESTION	gester Stree	t a	-02
	I cer	tify that I held an I Ited from: Notural co		Inspection X Auto		his bosts, death in r Undetermined mann		
	ACTUA	- 1 / / /	7	7_	CHIEF MEDICAL E			TE SIGNED
	SIGNAT EXAMIN NAME (IER'S Charles	s S. Pet	0	ASSOCIATE MEDICAL		7/14	4/66
	BURIAL CRE	MATION, 23B. DATE	230	. NAME of CEMETERY of	CREMATORY 23D.	LOCATION (City,	, town, or countyl	(Stote)
	Burial DATE REC'D	7/16/6 BY HEALTH DEPT.	6 H	Oly Rosary Ce	Pemetery Be	altimore,	Marylan Addre	d
		IUL 15 1966	P.O. A	E Falluna	George A. Wel	ber - 705 S.	Ann Stre	et



VS 150-REV. 1/1/65



attendance on the

a hospital and

Such

to death.

prior

	BALTIMORE CIT	Y HEALTH DEPARTMENT	. 66 47180
витн NO. 66 U7180	CERTIFICA	ATE OF DEATH Registered N	0. 00 .7100
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR OF DEA	тн
(Type or Print) FRANCES WIEDE	CKER	7-14-66	2:05 A. N
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or instituti		4. USUAL RESIDENCE (Where deceased lived, I A. STATE B. COUNTY	f institution: residence before admission
HOSPITAL OR oddress or locotion) UNLOW MEMORIAL			te RURAL and give (pwnship)
		2849 LAKE AVENU	E
WIDO	MED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthdow) 7-22-99	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
	of Business or Industr I. Nelson	Y 11. BIRTHPLACE (State of foreign country) Baltimore MARYLAND	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
VOHN MINER		xRix Bridget B	Banahan
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANTBIAdShaw Rd. E	gradshampdress Md.
(Yes, no or unknown) (It yes, give wor or dates of servi	SECURITY NO.	Charles R. Wiedecker,	Jr., son
18.4200	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		D	ONSET AND DEATH
LEADING TO DEATH	(A)	PULMONARY LOEMA	
(This does not meon the mode of dying, heart failure, asthenia, etc. It means the dise	200		
injury or complication which coused death,)	(CENGESTIVE AMERT FAI ARTERIOSCLEROTIC HON	11100
ANTECEDENT CAUSES	(B)	A JOSEPH TO THE PROPERTY OF TH	3-01EC.
DISEASES OR CONDITIONS, if ony, give	ring	Periorisses sonotic Hom	or Decree
rise to the obove couse (A) stoting UNDERLYING CONDITION lost.	the (C)	774877030222720770	er pisense
11			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID (If in Boltin office bldg., INJURY OCCUR?	more City, give exact locotion)
OF INJURY (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX)	While At Not Wh	ile	
22. I certify that (1) (this hospital) attend	L	7/19 1 19/0/219	7/14 10/1
that (1) (we) last saw the deceased alive	on 7/1/	19 Quand that in (my) (aur)	apinian death accurred an the day
ond haur and fram the causes stated abav	e. (1) (We) (did) (did nat)	view the bady after death.	
23A. SIGNATURE	M.D. AI	ttending Med. Stoff Phys.	23B. DATE SIGNED / 66
23C. PHYSICIAM'S NAME (Type)	100	23D. ADDRESS	1/
Marie 1779	M.D	1/ MEMORIA	1. Hospital

VS 150-REV. 1/1/65

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)
Burial 7/18

25A. DATE REC'D BY HEALTH DEPT.

7/18/66

196

25B. NAME OF REGISTRAR

24C. NAME of CEMETERY OF CREMATORY

Holy Redeemer Cemetery

ADDRESS

lown, or county)

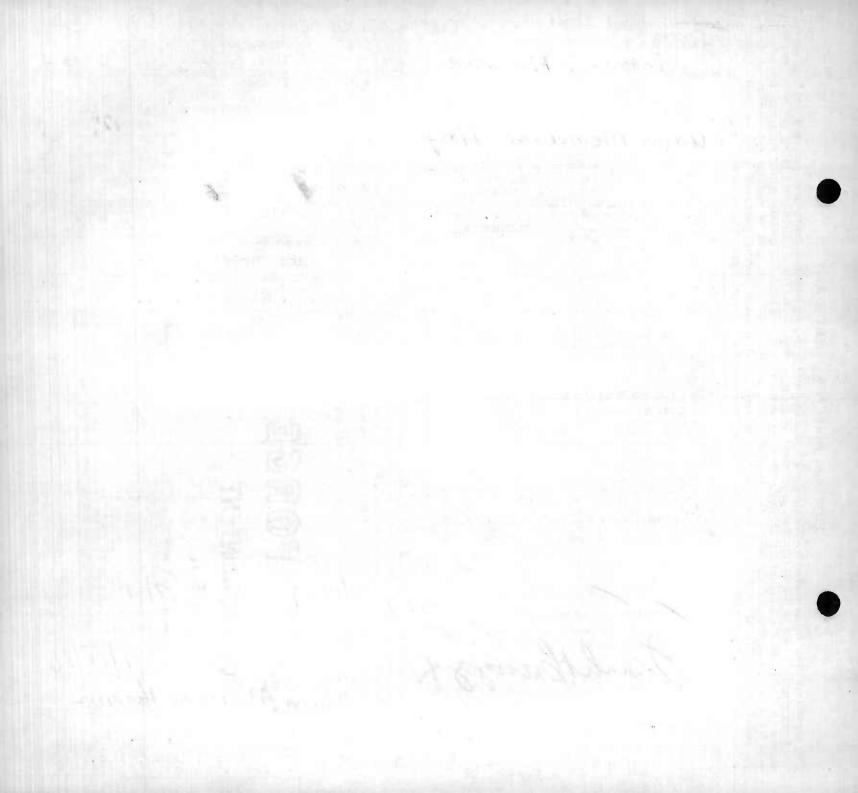
(Stote)

(City,

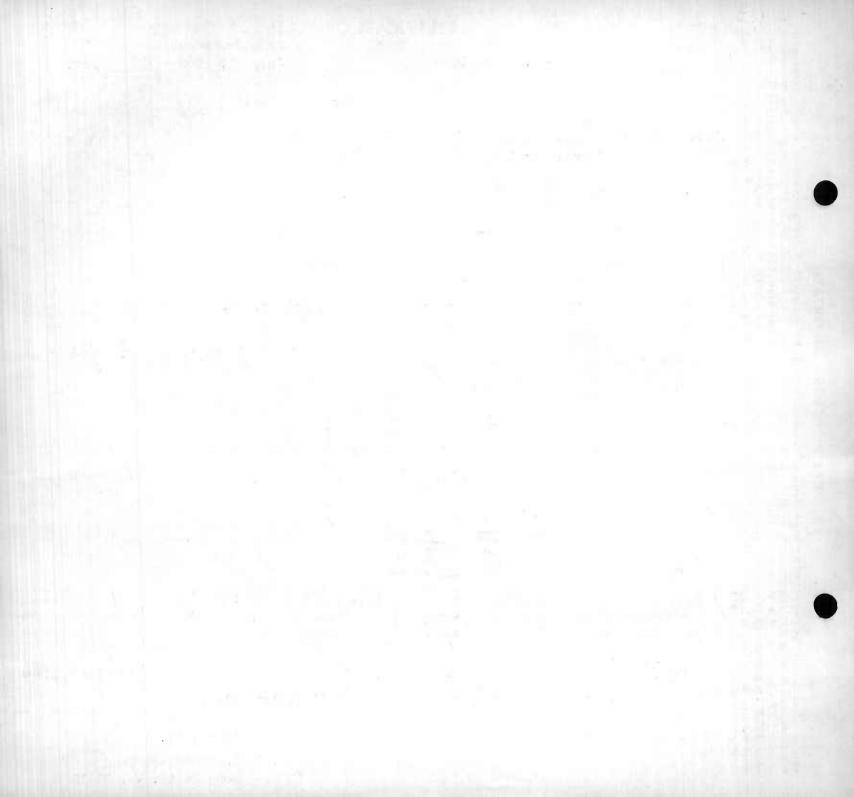
Baltimore, Md.

Schimunek Funeral Home, Inc. 3331 Brehms Lane

24D. LOCATION

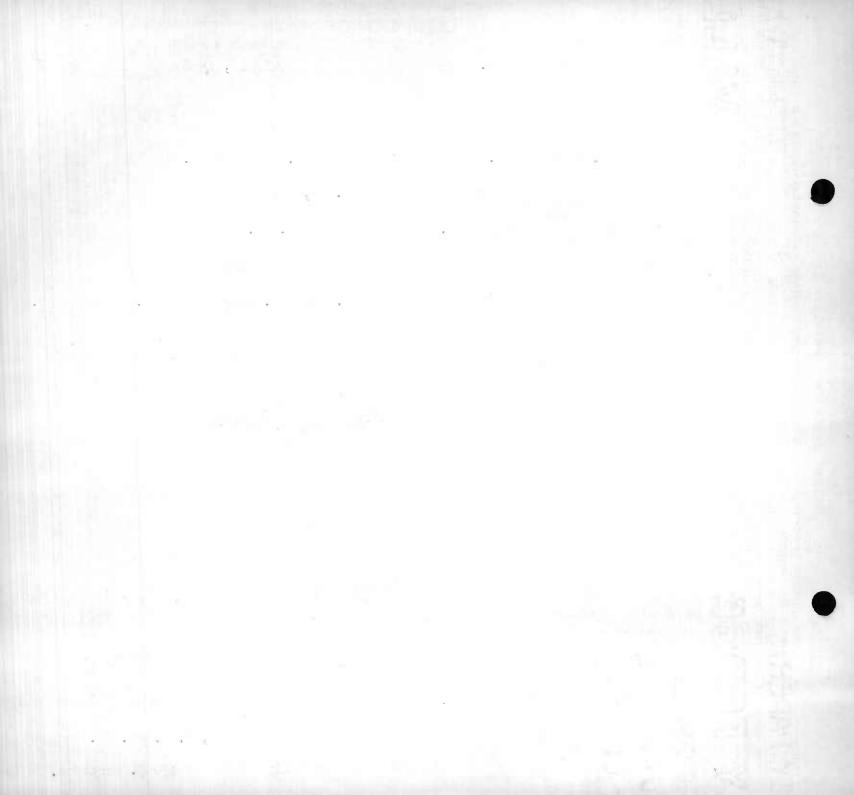


Course Beit Freis. Com. Caster men completed as one with Lucleage Spargers .



(Type or Print)	ECEASED		2. DATE AND HOUR OF DE	ATH
	Fred	rick H. Lang	July 10, 1966	6 A
3. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceased lived A. STATE B. COUNTY	. Il institution: residence before admi
FULL NAME	OF III not in hospital	or institution, give street	Maryland	
HOSPITAL O)	C. CITY OR TOWN (If outside city limits)	write RURAL and give township)
A CONTRACTOR			Baltimore	27-0-
U			D. STREET ADDRESS (II rurol, give locotio	n)
	545 E. Gittin	ngs St.	545 E. Gittings St.	
S SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	Months Doys Hours N
Male	White	Married	Aug. 26, 1911 54	
	CUPATION (Give kind of work of working life, even if refired)	108, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	enter	Steel Co.	Balto. Md.	USA
3. FATHER'S N		D 000 E 00 •	14. MOTHER'S MAIDEN NAME	USA
The ad	ri ele Tarre		3603	
	ick Lang	cos? 16. SOCIAL	Mabel Beitler	ADDRESS
Yes, no or unkno	wn) (If yes, give wor or date	s of service) SECURITY NO.		
No			Mrs. Grace C. Lang	545 E. Gittings St
18.	16. 1 I	CAUSE	OF DEATH	INTERVAL BETWEEN
DISE	ASE OR CONDITION DIE	ECTLY	$\sim \sim $	
	LEADING TO DEATH	(4)	City Rosperatury Des	cellocias 24 4V
	e, asthenio, etc. It meons omplication which caused		0	
injury or c	ANTECEDENT CAUSES	(8)	Lulm. Consluxuma	127105
DISCASES		DUE TO	A	
	OR CONDITIONS, if	anv. aivina		
nse lo	the obove cause (A)		Lulmman Lubercula	5 406
	ihe obove cause (A) NG CONDITION last.		Pulm Emphyxma Pulmmay Fuberculs	24 5 YVC
UNDERLYI	NG CONDITION last.	stating the (C)	Lulmmay Fubercula	s syvc
UNDERLYI	NG CONDITION last. 11 NIFICANT CONDITIONS C	slating the (C)	Lulmmay Fuberculs	S YVC.
OTHER SIG	NG CONDITION Inst. 11 NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING I	Slaling The (C) ONTRIBUTING TED TO THE		
OTHER SIG	NG CONDITION Inst. 11 NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING I	ONTRIBUTING LIED TO THE T. DITION FOR WHICH OPERATION		VERE FINDINGS CONSIDERED CAUSES OF DEATH?
OTHER SIGNO TO THE DISEASE OF THE DI	II NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING I OF OPERATION 198. CON WAS PERI	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, W	VERE FINDINGS CONSIDERED CAUSES OF DEATH?
OTHER SIG TO THE DISEASE O 19A. DATE OR CONTRI	II NIFICANT CONDITIONS CODEATH BUT NOT RELA RECONDITION CAUSING OF OPERATION 198. CON WAS PERI DENT WAS UNDERLYING BUTING CAUSE OF	ONTRIBUTING STED TO THE T. DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g. home, lorn, loctory, street,	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, W	
OTHER SIG TO THE DISEASE O 19A. DATE OR CONTRI DEATH (not	NG CONDITION Iosi. 11 NIFICANT CONDITIONS CODEATH BUT NOT RELA IR CONDITION CAUSING I OF OPERATION 198. CON WAS PERI DENT WAS UNDERLYING BUTING CAUSE OF ily medicol exominer)	ONTRIBUTING ONTRIBUTING TO THE T. DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g. home, lorm, loctory, street,	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WIN CERTIFYING	VERE FINDINGS CONSIDERED CAUSES OF DEATH?
OTHER SIG TO THE DISEASE O 19A. DATE OR CONTRI DEATH (not	II NIFICANT CONDITIONS CODEATH BUT NOT RELA RECONDITION CAUSING OF OPERATION 198. CON WAS PERI DENT WAS UNDERLYING BUTING CAUSE OF	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED 218. PLACE OF INJURY (e.g. home, lorm, loctory, street, etc.) (Hour) 21E. INJURY OCCURRED	., in or obout olfice bldg IN URY OCCUR?	VERE FINDINGS CONSIDERED CAUSES OF DEATH?
UNDERLYII OTHER SIG TO THE DISEASE O 19A-DATE OR CONTRI DEATH (not) 21D. TIME	NG CONDITION Iosi. 11 NIFICANT CONDITIONS CODEATH BUT NOT RELA IR CONDITION CAUSING I OF OPERATION 198. CON WAS PERI DENT WAS UNDERLYING BUTING CAUSE OF ily medicol exominer)	ONTRIBUTING ONTRIBUTING TO THE T. DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g. home, lorm, loctory, street,	., in or obout office bldg., INJURY OCCUR?	VERE FINDINGS CONSIDERED CAUSES OF DEATH?
OTHER SIG TO THE DISEASE O 21A. ACCID OR CONTRI DEATH (not 21D. TIME OF INJURY (APPROX.)	NG CONDITION Iasi. 11 NIFICANT CONDITIONS COMEATH BUT NOT RELA RE CONDITION 198. CON WAS PERI DENT WAS UNDERLYING BUTING CAUSE OF ily medical examiner) (Manth) (Doy) (Year)	ONTRIBUTING ONTRIB	., in or obout office bldg., INJURY OCCUR?	VERE FINDINGS CONSIDERED CAUSES OF DEATH?
OTHER SIG TO THE DISEASE O 21A. ACCID OR CONTRI DEATH (not 21D. TIME 21D. TIME (APPROX.)	NG CONDITION Iosi. 11 NIFICANT CONDITIONS CODEATH BUT NOT RELA IR CONDITION CAUSING I OF OPERATION 19B. CON WAS PERI DENT WAS UNDERLYING BUTING CAUSE OF illy medicol exominer) (Manth) (Doy) (Yeor)	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g. home, lorm, loctory, street, etc.) (Hour) 21E. INJURY OCCURRED While A1 Not Work At Wo) attended the deceased from	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WIN CERTIFYING in or obout 21 C. WHERE DID (II in Bol olfice bldg. INJURY OCCUR? 21 F. HOW DID INJURY OCCUR?	VERE FINDINGS CONSIDERED CAUSES OF DEATH? Itimore City, give exact location)
OTHER SIGNOTION TO THE DISEASE OF TO THE DISEASE	II NIFICANT CONDITIONS CO DEATH BUT NOT RELA RECONDITION CAUSING OF OPERATION 198. CON WAS PERI DENT WAS UNDERLYING BUTING CAUSE OF illy medicol exominer) (Manth) (Doy) (Yeor) fy that (I) (this hospital e) last saw the decease	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g. home, lorm, loctory, street, etc.) (Hour) 21E. INJURY OCCURRED While A1 Not W Work At Wo) attended the deceased fram d alive an ALLY F	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WIN CERTIFYING IN CERTIFYING Office bidg. 21 C. WHERE DID (II in 80) NJURY OCCUR? 21 F. HOW DID INJURY OCCUR?	VERE FINDINGS CONSIDERED CAUSES OF DEATH? Itimore City, give exoct locotion)
UN DERLYII OTHER SIG TO THE DISEASE OF 19A-DATE OF CONTRI DEATH (not) 21D. TIME OF INJURY (APPROX.) 22. I certithat (I) (wand hour of)	INFICANT CONDITIONS CODEATH BUT NOT RELATED BY NOT RELATED TO THE RECONDITION CAUSING I OF OPERATION 198. CON WAS PERIOD TO CAUSE OF GRAND (Manth) (Doy) (Year) Fy that (I) (this hospital or later the causes stated from the causes stated in the cause stated in the causes stated in the cause s	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g. home, lorm, loctory, street, etc.) (Hour) 21E. INJURY OCCURRED While A1 Not Work At Wo) attended the deceased from	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WIN CERTIFYING IN CERTIFYING Office bidg. 21 C. WHERE DID (II in 80) NJURY OCCUR? 21 F. HOW DID INJURY OCCUR?	VERE FINDINGS CONSIDERED CAUSES OF DEATH? Unimore City, give exoct locotion) Audignostic Considered and the course of the cour
OTHER SIGNOTION TO THE DISEASE OF TO THE DISEASE	INFICANT CONDITIONS CODEATH BUT NOT RELATED BY NOT RELATED TO THE RECONDITION CAUSING I OF OPERATION 198. CON WAS PERIOD TO CAUSE OF GRAND (Manth) (Doy) (Year) Fy that (I) (this hospital or later the causes stated from the causes stated in the cause stated in the causes stated in the cause s	ONTRIBUTING ITED TO THE T. DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g. home, lorm, loctory, street, etc.) (Hour) 21E. INJURY OCCURRED While A1 Not W Work Not W Work At Wo) attended the deceased from d alive on ed abave. (I) (We) (did) (did not)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WIN CERTIFYING IN CERTIFYING Office bldg. INJURY OCCUR? 21F, HOW DID INJURY OCCUR? 19	VERE FINDINGS CONSIDERED CAUSES OF DEATH? Ultimore City, give exoct locotion) 19 Capinion death accurred an the
UNDERLYII OTHER SIG TO THE DISEASE OF 19A-DATE OR CONTRI DEATH (not) 21D. TIME OF INJURY (APPROX.) 22. I certithat (I) (wand hour of)	NG CONDITION last. 11 NIFICANT CONDITIONS CODEATH BUT NOT RELA IN CONDITION CAUSING I OF OPERATION 198. CON WAS PERI DENT WAS UNDERLYING BUTING CAUSE OF ity medical examine) (Manth) (Doy) (Year) fy that (I) (this hospital e) last saw the decease and from the causes stat TURE	ONTRIBUTING I.ED TO THE T. DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g. home, lorm, loctory, street, etc.) (Hour) 21E. INJURY OCCURRED While A1	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WIN CERTIFYING IN CERTIFYING Office bidg. 21 C. WHERE DID (II in 80) NJURY OCCUR? 21 F. HOW DID INJURY OCCUR?	VERE FINDINGS CONSIDERED CAUSES OF DEATH? Ultimore City, give exoct locotion) Apply 19 6 apinion death accurred an the
UNDERLYII OTHER SIG TO THE DISEASE OF TO THE DISEASE OF TO THE OF TO THE DISEASE OF TO THE OF THE OF TO T	NG CONDITION last. 11 NIFICANT CONDITIONS CONDEATH BUT NOT RELATE CONDITION CAUSING I DOF OPERATION 198. CON WAS PERIOD (BUTING CAUSE OF ity medical examine) (Manth) (Day) (Year) (by that (I) (this hospital conditions are the decease and from the causes start TURE	ONTRIBUTING ONTRIB	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WIN CERTIFYING in or obout 21 C. WHERE DID (II in Bold olfice bldg. NJURY OCCUR? 21 F. HOW DID INJURY OCCUR? hile 1960 to and that in(my) (auron of the body after death.	VERE FINDINGS CONSIDERED CAUSES OF DEATH? Unimore City, give exact location) Audignostic formula for the apinion death accurred an the
UNDERLYII OTHER SIG TO THE TO THE DISEASE OF 19A-DATE OR CONTRI DEATH (not) 21D. TIME OF INJURY (APPROX.) 22. I certifithat (I) (w and haur of 23A. SIGN A	NG CONDITION Iasi. 11 NIFICANT CONDITIONS CONDEATH BUT NOT RELATE CONDITION CAUSING I DOF OPERATION 198. CON WAS PERIOD (BUTING CAUSE OF illy medical examine) (Manth) (Day) (Year) (by that (I) (this hospital conditions are the decease and from the causes start Ture	ONTRIBUTING ONTRIB	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WIN CERTIFYING IN CERTIFYING Office bidg. 21 C. WHERE DID (III in Bol office bidg. 21 F. HOW DID INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? 19 C. and that in(my) (aur of the bady after death. Note of the bady after death. Staff Phys. 23 D. ADDRESS	VERE FINDINGS CONSIDERED CAUSES OF DEATH? Ultimore City, give exoct locotion) 19 Capinion death accurred an the
UNDERLYII OTHER SIG TO THE DISEASE OF 19A-DATE OR CONTRI DEATH (not 21D. TIME OF INJURY (APPROX.) 22. I certifithat (I) (w and haur of 23A. SIGNA 23C. PHYSIC NAME	NG CONDITION Iasi. II NIFICANT CONDITIONS CODEATH BUT NOT RELA IR CONDITION CAUSING I OF OPERATION 198. CON WAS PERI DENT WAS UNDERLYING BUTING CAUSE OF illy medical examiner) (Manth) (Doy) (Year) Fy that (1) (this hospital e) last saw the decease and fram the causes stat TURE MANTS (Type) REMATION, 1248. DATE	ONTRIBUTING ONTRIB	20A. AUTOPSY? (Yes or No) 20B. IF YES, WIN CERTIFYING IN CERTIFYING Office bldg. 21C. WHERE DID (II in Bol office bldg. 21F, HOW DID INJURY OCCUR? 1960 ta 1960 and that in(my) (aur of the bady after death. 21F, How Did in the bady aft	JERE FINDINGS CONSIDERED CAUSES OF DEATH? Stimore City, give exoct locotion) July 10 196 apinion death accurred an the 7-11-66 Town Rul Balls 1
UNDERLYII OTHER SIG TO THE DISEASE OF 19A-DATE OR CONTRI DEATH (not 21D. TIME (APPROX.) 22. I certithat (I) (w and haur of 23A. SIGNA 23C. PHYSIC NAME	NG CONDITION Iasi. II NIFICANT CONDITIONS CODEATH BUT NOT RELA IR CONDITION CAUSING I OF OPERATION 198. CON WAS PERI DENT WAS UNDERLYING BUTING CAUSE OF illy medical examine) (Manth) (Doy) (Year) Ify that (I) (this hospital e) last saw the decease and from the causes state TURE M REMATION, 248. DATE (Specily)	ONTRIBUTING ONTRIB	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WIN CERTIFYING In or obout office bidg. (II in 80) (III in 8	Jacky 10 196 apinion death accurred an the
UNDERLYII OTHER SIG TO THE DISEASE OF 21A. ACCID OR CONTRI DEATH (not 21D. TIME OF INJURY (APPROX.) 22. I certifithat (I) (w and haur of 23A. SIGNA 23C. PHYSIC NAME	NG CONDITION Iasi. II NIFICANT CONDITIONS CO DEATH BUT NOT RELA IR CONDITION CAUSING I OF OPERATION 198. CON WAS PERI DENT WAS UNDERLYING BUTING CAUSE OF illy medical examiner) (Manth) (Doy) (Year) Fy that (1) (this hospital e) last saw the decease and fram the causes stat TURE MANTS (Type) REMATION, 248. DATE (Specily)	ONTRIBUTING ONTRIBUTING T. DITON FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g. home, lorm, loctory, street, etc.) (Hour) 21E. INJURY OCCURRED While A1 Not W Work A1 Wo) attended the deceased fram d alive an ed abave. (I) (We) (did) (did not) ACOBSOM M.D. AP ACOBS	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WIN CERTIFYING In or obout office bidg. (II in 80) (III in 8	JERE FINDINGS CONSIDERED CAUSES OF DEATH? Stimore City, give exoct location) July 10 196 apinion death accurred an the 23B DATE SIGNED 7-11-66

130 E. Fort Ave.



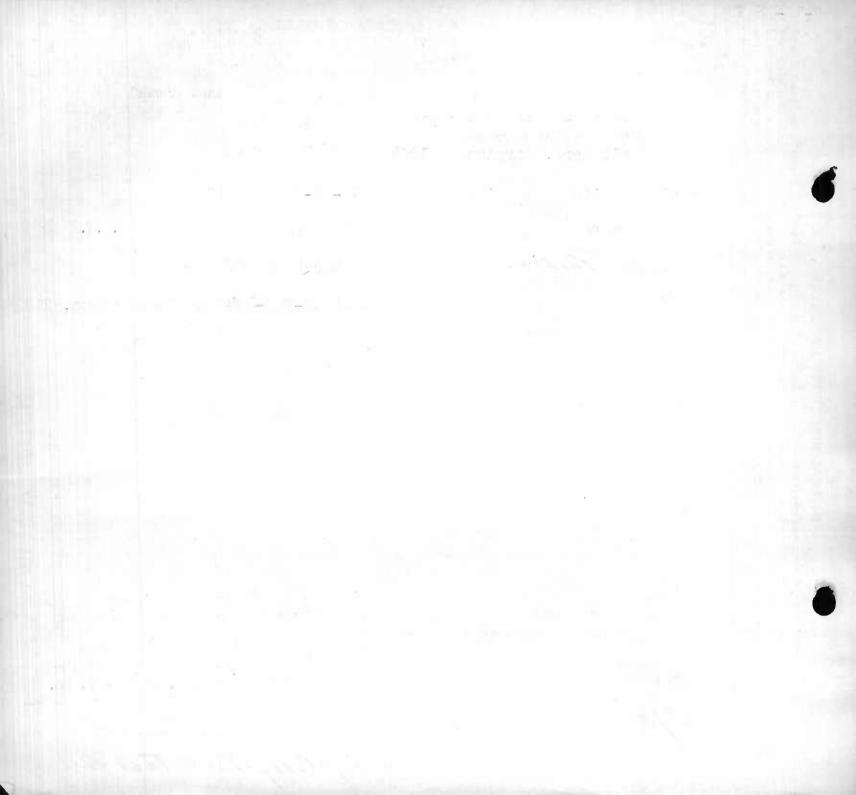
66	07184	

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	66 U	7184	CERTIFICA	TE OF DI	EATL	Registered No	66 07184
M.E. CASE NO.			CERTIFICA	TE OF DI			
(Type or Print)		hia Kah	Ler		Jul	y 8,1766	10:25 A.
FULL NAME OF HOSPITAL OR	ATH IN BALTIMO	hospitol or institut r location)		C. CITY OR TOY B. D. STREET ADD	wn (If o	utside city limite, write OPE Trutal, give location)	URAL good give bwnship) Pk. Ave:
5. SEX	6. RACE	WIDO	RIED, NEVER MARRIED DWED, DIVORCED (specify)	B. DATE OF BIRT	1880	9. AGE (In years lost bighday)	If Under 1 Yr, If Under 24 Hrs. Manths Doys Hours Min.
done during most of	UPAΠON (Give kin working lile, even if NE		D OF BUSINESS OR INDUSTRY	Balti		eign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA	o. Schi	ller		Marg.			
15. Was Deceased (Yes, no or unknown	Ever in U. S. Ar	med Forces? r or doles of serv	ice) 16. SOCIAL SECURITY NO.	17. INCLAYE	nce S	hiller 4	ADDRESS 524 Forrest View
(This does of heart failure, injury or con	SE OF CONDITI LEADING TO I nal mean the m asthenia, etc. It nplication which	DEATH ade of dying, means the dise coused death.)	e.g., Due to	of DEATH	and and	breaken Acen	INTERVAL BETWEEN ONSET AND DEATH
DISEASES (ANTECEDENT COR CONDITION e abave cous G CONDITION 1	S, if any, gi e (A) slaling	-	· · · · · · · · · · · · · · · · · · ·			
E TO THE D	IFICANT CONDITION CALL	T RELATED TO				•	
19A. DATE OF	W	AS PERFORMED	OR WHICH OPERATION	20 A. AUTOPS	Y? (Yes or N	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
_ OR CONTRIBI	NT WAS UNDERIUTING CAUSE medical examine	OF _	21B. PLACE OF INJURY (e.g., i hame, form, factory, street, a etc.)	n or about 21 C. Wi ffice bldg.,	HERE DID	(If in Baltima	re City, give exoct location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy)	(Year) (Hour)	21 E. INJURY OCCURRED While At	le [OW DID IN	JURY OCCUR?	
that (I) (we)	lost sow the d	eceosed olive	e. (1) (Ma) (did) (did nat)	yiew the body o			19 6 6 19 19 19 19 19 19 19 19 19 19 19 19 19
23C. PHYSICIA NAME (1	bert Bra	dlev	M.D.	23D. ADDRESS 4900 Be	lair	Rd:	
24A. BURIAL CRE REMOVAL (Burial	MATION. 248, D Specify) 7/1	3/66 24	c. NAME of CEMETERY of CR	EMATORY	24D,	Balto Md.	City, town, or county) (State)
25A. DATE REC'D	JUL 15	1966 120	web E. FarkeyMA	P.A.	Heems		ADDRESS Harford Rd

VS 150-REV. 1/1/65

. The control of the - . 10 - ME - 20 SM - SERVET Lucowhi . ora. and linder Under and Comby afrage - y 1 20 11 A STATE OF S



FRTH NO. 66 U7186		RTMENT	66 071.86
	CERTIFICATE OF D	EATH Registered No	
A.E. CASE NO. NAME OF DECEASED Type or Print) OTTO, LOBIG-		2. DATE AND HOUR OF DEAT	1205
FULL NAME OF (If not in hospital or institution, given the control of the control	e street A. STATE M.D. C. CITY OR TO		
BANTINORE CITY HO	D. STREET AD	14 35m 86	337/0
M WIDOWED,	DIVORCED (specify)	3-88 lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours M
0A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BI lone during most of working life, even if relired) 34 KER	— Ge	RYSNY	12. CITIZEN OF WHAT COUNTRY?
	-30-2612A	MAIDEN NAME UNK	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (It yes, give wor or dotes of service)	6. SOCIAL 17. INFORMAN SECURITY NO.		ADDRESS
18.260 X I	CAUSE OF DEATH	S-BCH-4940 East	ern Avenue#212 INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g.,	(A) Phenino	nia	8 day
heart foilure, osthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES	(B) Dioletin	coma	8 day
DISEASES OR CONDITIONS, if ony, giving tise to the obove couse (A) stating the UNDERLYING CONDITION lost.	(C)		
OF THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	163		
19A. DATE OF OPERATION 19B. CONDITION FOR WH	Y.	23	AUSES OF DEATH? YES
O 2 A. ACCIDENT WAS UNDERLYING	ACE OF INJURY (e.g., in or about 21C. V form, factory, street, office bldg., INJUR	VHERE DID (If in Boltime	ore City, give exact lacotion!
	NJURY OCCURRED 21 F. H	OW DID INJURY OCCUR?	
21D. TIME (Month) (Doy) (Year) (Hour) 21E, IP OF INJURY (APPROX.) While Work	At Not While		
	At Work	19 66 ta	
22. I certify that (1) (this hospital) attended the that (1) (we) last saw the deceased alive an and haur and fram the causes stated above. (1)	deceased fram 7 19 6	and that in (my) (aur) a	pinian death accurred an the
22. I certify that (!) (this hospital) attended the that (!) (we) last saw the deceased alive an	deceased fram 7 19 6 We) (did) (did nat) view the bady	and that in (my) (aur) a	7-6 19 6 pinian death accurred an the
22. I certify that (1) (this hospital) attended the that (1) (we) last saw the deceased alive an and haur and fram the causes stated above. (1)	deceased fram 7 19 6 We) (did) (did nat) view the bady	after death. Med. Director Phys.	23B. DATE SIGNED
22. I certify that (!) (this hospital) attended the that (!) (we) last saw the deceased alive an and haur and fram the causes stated abave. (!) (23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) DANIEL AR	deceased fram 7. 19 (We) (did) (did nat) view the bady of Phys. 23D. ADDRESS	after death. Med. Director Stoff Phys.	23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED City, town, or countyl

3 trun 1 142. Commence cast Harneston saper 3 in SE 31-81-01 GERMANY BAKER CHARL 200 Presumono Debutit Come Danier Treez The state of the s

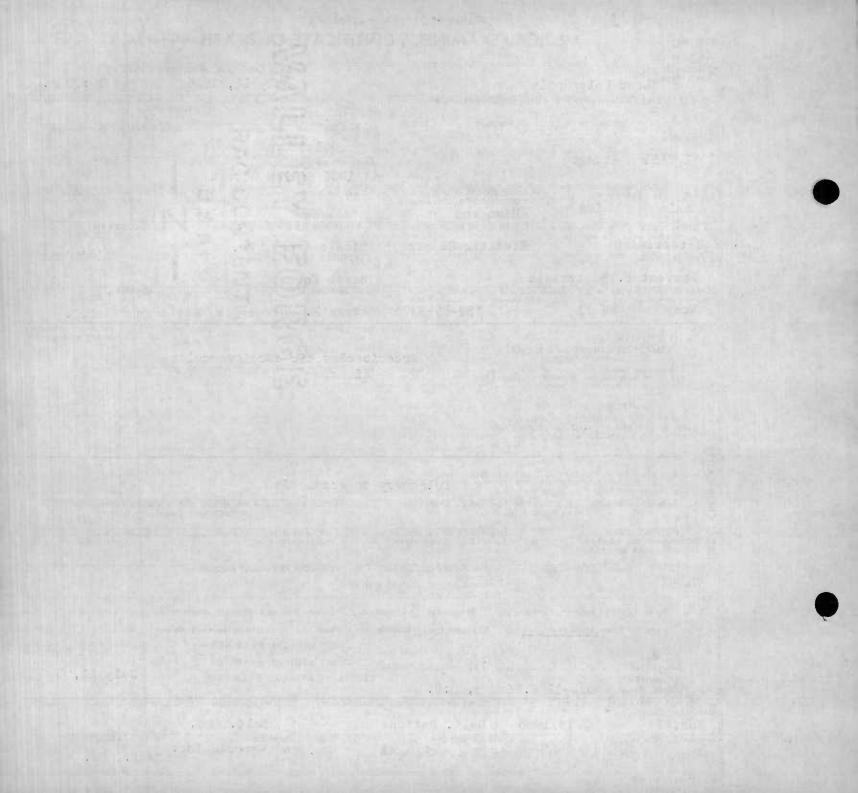
66 07187 66 07187 Registered No. CERTIFICATE OF DEATH BIRTH NO. Such M.E. CASE NO. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) (If outside city limits, write RURAL and give township) If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS Mr. James R. Leizure, Same as # INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) opinion death accurred on the date DATE SIGNED written approval (City, town, or county) eceased July 14. 1966 Druid Ridge Cemetery Pikesville Baltimore Co. Was 2SA. DATE REC'D BY HEALTH DEPT. 2SC. FUNERAL DIRECTOR 1050 York Road Towson 4, Maryland Wm. Cook-Brooks Towson Towson 4,

BALTIMORE CITY HEALTH DEPARTMENT

The sens denotated of every the sense of edition

BALTIMORE CITY HEALTH DEPARTMENT 66 U7188 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 U7188

	in No.	MILDI	CALL	MAMINALIK 3 C	LKIIIICAI	LOIL	LA III Kegisie	ered Mu.	
-	E CASE NO.	CEACED							
(Ť)	Pe or Print)	ear Holtzappl	0				11, 1966):30 a.
2		IMORE MARYLAND, W		UNICED DEAD	I HELLAL BESID				6.4
3.	PEACE III DALI	IIIIORE MARIEAND, W	HERE PRONO!	DINCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission B. COUNTY				Detore odmission
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)			Mary 1		corporate limits, write	e RIIRAL and aive	e to washin)	
INSTITUTION ADDRESS OF FOCATION)					The state of the s	S AS AS ON GIVE	. io witship		
1	041 Hill	en Street				imore		Chicago P.	
P)			D. STREET ADDI	illen St					
5	SEX	6. RACE	T7 AAADDIED	NEVER MARRIED	8. DATE OF BIRTH			10011	14 11 1 04 11
J.	Male	White		DIVORCED (specify)	o. DATE OF BIRTH	7	9. AGE (In years lost birthdoy)		If Under 24 Hrs. Hours Min.
			Divo		7/11/66		64		
	e during most of v	UPATION (Give kind of work working life, even if retired)			Y 11. BIRTHPLACE	State or foreign	country)	12. CITIZEN OF	
	Electric	cian	Elect	ric Repair	Middle C	Creek, P	a.	U.S	S.A.
13.	FATHER'S NAM				14. MOTHER'S M.	AIDEN NAME			
		E. Holtzapp			Sarah Fe	rrey			
15. (Ye	WAS DECEASE s, no or unknown	D EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	14	19 Ga	briel Lar	ne
	Yes	WW II		189-09-8375	Gearge F.	Holtza		inghoro, N	
	J18. , / - 3	18 500	1	C AU S	E OF DEATH		•		VAL BETWEEN
1	1 4 DISEA	CE OR COMPLETON DU	DECTIV					ONSE	T AND DEATH
	DISEA	SE OR CONDITION DI	RECILT	Arter	riosclerot	ic card:	iovascular		
	(This does not heart foilure.	not meon the mode of asthenia, etc. It meons	dying, e.g.,	DUE TO	disease				
	injury or cor	mplication which caused	deoth.)						
	Α	ANTECENDENT CAUSE	S						
	DISEASES	OR CONDITIONS, IF A	NY, GIVING	DUE TO		•••••			
		E ABOVE CAUSE (A) ST NG CONDITION LAST.	A IING THE						
Z				(C)	***********************************				
ERTIFICATION	OTHER SIGN	11	CONTRIBUTION					A70 16	
0	TO THE	NIFICANT CONDITIONS DEATH BUT NOT REL	ATED TO T		y tubercul	osis			
ZTIF	19A. DATE OF	R CONDITION CAUSING		WHICH OPERATION			VAR 15 VEG 1450 E		
CE	ITA. DATE OF	WAS PERI		WHICH OPERATION	20A. AUTOPST		N CERTIFYING CAU		EKED
AL	21A. EXTERNA	L CAUSE WAS	21 R.	PLACE OF INJURY (e.g.,	in or about 21C W	HERE DID (f in Boltimore City of	ive evert lesetion)	
MEDICAL	UNDERLYING	OR CONTRIB-	home etc.)	, form, factory, street,	office bldg., INJURY	OCCUR?	in commone city, gr	IAE EXOC! IOCOHOII)	
AEC									
	OF INJURY	(Manth) (Day) (Year		1E. INJURY OCCURRED		DENI DID MO	RY OCCUR?		
	(APPROX.)			WHILE AT NOT	WHILE D				
	22.	rify that I held an I	acutev [Inspection X Au	tapsy and	l shas an shi	s basis, death in n	-u eninten	
			-						
	resul	ted fram: Natural cas	JSES A A	Accident Suicid			ndetermined manne	er	
	ACTUAL	12/	Land			EDICAL EX		DA	TE SIGNED
	SIGNAT		1006	M.D	. ASSISTANT MI	EDICAL EX	AMINER	T., 1., 1	1 1066
	EXAMIN NAME (*	Type) Russell	S.Fishe	er, M.D.	ASSOCIATE M	EDICAL EX	AMINER	July 1	1, 1966
	MOVAL (Specify		23	C. NAME OF CEMETERY	or CREMATORY	23 D. LO	CATION (City,	, town, or county)	(State)
	Burial	7/15/1	966	Balt. Nationa	1	Bal	t., Md.		
24.		BY HEALTH DEPT.	24R NAME	OF REGISTRAR	24C. FUNERA	AL DIRECTOR		ADDRES	SS
		JUL 15 1966	Police	of E. Jankey M	Wm.	Cook-Bi	cooks Inc.	Balt., Md	
								,	
VS	151-REV. 1/1/	65							



00 07400	BALTIMORE CIT	Y HEALTH DEPARTMENT	4	26 07160
BIRTH NO. 66 U7189	CERTIFICA	TE OF DEATH	Registered No.	66 07189
M.E. CASE NO.				
1. NAME OF DECEASED			ND HOUR OF DEATH	
Ma Manus. MI	rs. Lillian	7-	13-66	14:25 A
3. PLACE OF DEATH IN BALTIMORY MARYLAN	ID	A. STATE B. COUN	ere deceased lived. If insti	utian: residence befare admissia
		A, STATE B. COUR	" LIA ryl	ana. 11
FULL NAME OF (If not in hospital or inst	itution, give street	11/10 11/	- Krolf	THE PARTY OF
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If at	utside city limits, write RU	RAL andegive township)
11		1321+1 m	01.0	19-05
54			rurol, give location)	
Data Cara				
Bon Secours		14/0 W. P1	197757	
SEX 6. RACE 7. M.	ARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hr Nonths Days Haurs Min.
F 14/ W	DOWED, DIVORCED (specify)	1-17 1000	MED 4	Aonths Days Hours Min.
F	Midowed	6-13-1890		
OA. USUAL OCCUPATION (Give kind of work 10B, K	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fare	eign country)	12. CITIZEN OF WHAT COUNTRY?
one during most of working life, even if retired)	and to 1	D 11-		
L86K /T	preal	Balto		V.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
11 11				
Timothy 600n	126			
5. Was Deceased Ever in U.S. Armed Farces? es, no ar unknawn) (If yes, give war ar dales af s	16. SOCIAL	17. INFORMANT		ADDRESS
46	ervice) SECURITY NO.	Val		0011
NO	211-32-841	1 F. Chui	19	13,3,14
1B. 7/ V/1/100 7	CAUSE	OF DEATH	1	INTERVAL BETWEEN
X62X 1 177.00			V	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Y			
LEADING TO DEATH	(A)	Diebetes	Mellitus	
(This does not mean the made of dying				
heart failure, asthenia, etc. It means the d				
injury ar camplication which caused death				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any,				
rise to the above cause (A) station				
UNDERLYING CONDITION last,	(0)		***************************************	
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.		~		
DISEASE OR CONDITION CAUSING IT.	Car	cinoma !		
19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes ar N	ol 208. IF YES, WERE FIN	DINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING			IN CERTIFYING CAUS	ES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID	(If in Baltimare C	ity, give exact lacotion)
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	hame, form, factory, street,	affice bldg., INJURY OCCUR?		
)	-1007			
21D. TIME (Manth) (Doy) (Year) (Hou	11) 21E. INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
OF INJURY	While At Not Wh			
(APPROX)	Wark At Warl			
22 1			10// 7/1	. 13 //
22. I certify that (\$\pmu\$ (this hospital) ofte	nded the deceosed from		1966 10 JULY	
that (# (we) last saw the deceased ali	ve an JULY 13			on death accurred on the de
and hour and from the causes stated ob	ove. (*) (We) (did) (did out)	view the body ofter deoth.		
23A. SIGNATURE			2	3B, DATE SIGNED
11 PL	M.D. AI	tending Med.	Stoff	11. 12-11
Jy. Mu	Ph	ys. Director	Phys.	July -13 -06
23C. PHYSICIAN'S	0	23D. ADDRESS	(
NAME (Type)	1010	2	-	Ha Tan I
Y. CHI	JNG M.D	Won	JECOURS	Mospi IA
A. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF C	REMATORY 24D. L	OCATION (City,	town, ar caunty) (State)
REMOVAL (Specify)		10 1 0	. 1 -	As
64ryal 7/16/66	New Cathadre	(emeters B)	stimore	Marilland
SA. DATE REC'D BY HEALTH DEPT. 258. N	NAME OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
A444 A M			111	P 11.51.
JUL 15 1966 (P.	Use IT E STA USE MA	Walterstun	eral Home	Gratt +Strice
S 150-REV. 1/1/65	The state of the s	41	4//	V

13 Joury 13 14 John 13 14

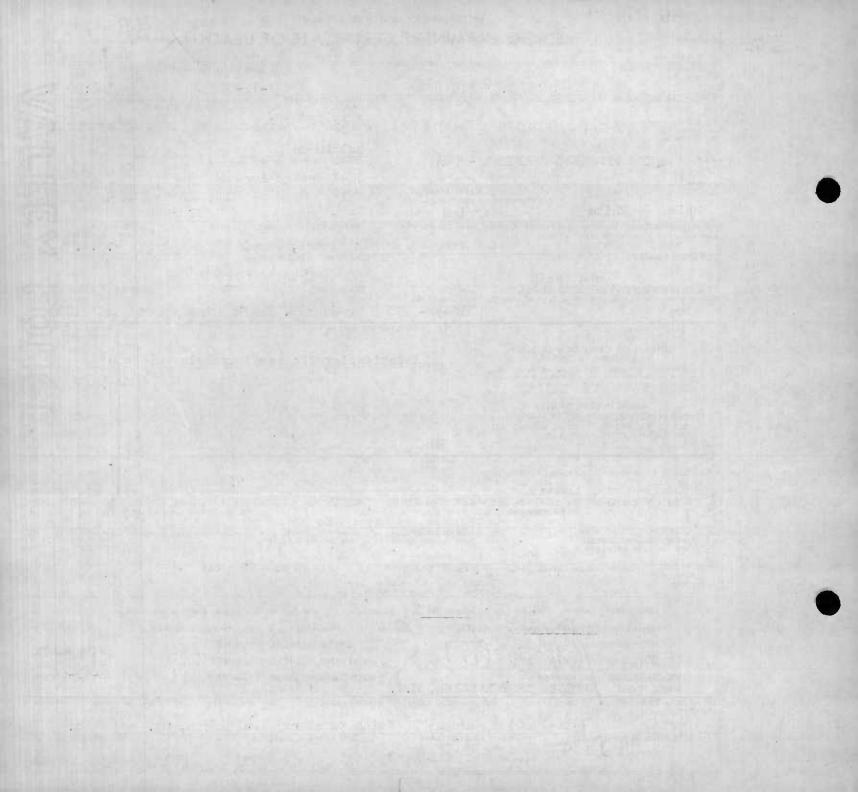
on ching

× show

Orn Secures Hospi Title

V-520 BIRTH NO.

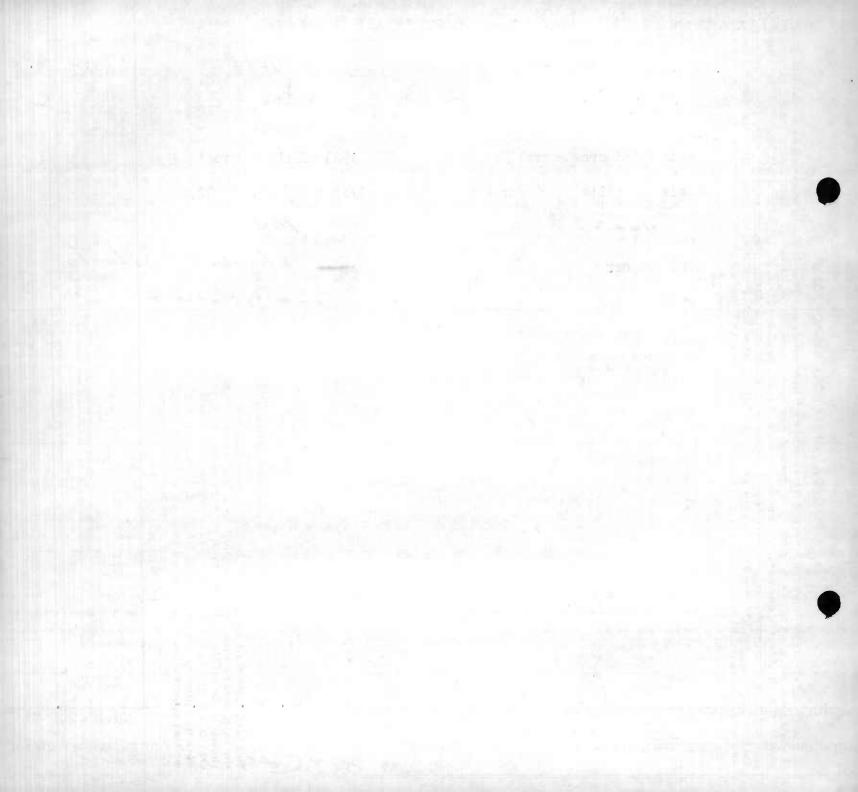
66 (17190		BALTIMORE CITY HEAL	TH DEPARTMEN	T		700 07100
RTH NO.	MED	ICAL EX	CAMINER'S CI	ERTIFICAT	E OF D	EATH Register	66 U7190
A.E. CASE NO.							
ype or Print)	CEASED		-		2. DATE AND	HOUR PRONOUNCE	D DEAD
			ANIK JA		7-12		4:00 P. M.
PLACE IN BAL	TIMORE, MARYLAND, W	HERE SHOL	INCED DEAD	4. USUAL RESIDE	NCE (Where de	eceosed lived. If instit	nution: residence before odmission)
ULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	Maryland	N (If outside		RURAL and give township)
11	ON MEMORIAL H	IOSPITAL	- DOA	Baltimor		ive location)	53-90
99				4241 Nec	ker Ave	nue #6	
SEX	6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	If Under 1 Yr, If Under 24 Hrs.
		WIDO WED,	DIVORCED (specify)	4		lost birthdoy)	Months Doys Hours Min.
Male	White		rried	6-7-1888		77	
	UPATION (Give kind of wor working life, even if retired)	KIOB KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
Self	Employed	Meat	Cutter	Baltimore	e. Marvl	a.nd	U.S.A.
FATHER'S NAM				14. MOTHER'S MA	AIDEN NAME	*****	
	Tales Vand	1-		The state of the s	ancis C	onfol	
WAS DECEASE	John Vani		16. SOCIAL	17. INFORMANT	aliens o	Valar	ADDRESS
	(If yes, give wor or date		SECURITY NO.	17. INFORMANT			ADDRESS
No			216-32-6995	Mr John	F. Vani	k 414 Elmwo	od Road 21206
18.//	1		CAUSE	OF DEATH			INTERVAL BETWEEN
7 40	, , ,						ONSET AND DEATH
DISEA	SE OR CONDITION DI	RECTLY	A	d = = = T = = = + d			
(This does				loscleroti	c cardi	ovascular d	1sease
heart failure	not mean the mode of , asthenia, etc. It means mplication which caused	the diseose,	DUE TO				
Injury or co	implication which coused	de om.					
	ANTECENDENT CAUSI	S					
DISEASES	OR CONDITIONS, IF A	NY, GIVING	(B) DUE TO				
RISE TO TH	IE ABOVE CAUSE (A) S	TATING THE					
Z	NO CONDITION LAST.		(C)				
<u> </u>	tt.						
OTHER SIG	II NIFICANT CONDITIONS	CONTRIBUTU	NG.				
OTHE	DEATH BUT NOT RE	LATED TO T					
	R CONDITION CAUSING			************************			
19A. DATE OF	F OPERATION 198, CON		WHICH OPERATION	20A. AUTOPSY?		B. IF YES, WERE FIN	
				No			
	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or about 21C. W	HERE DID (IF	in Boltimore City, giv-	e exact location)
S UTING CAL	OR CONTRIB-	home	, form, foctory, street, o	thee bidg., INJURY	OCCUR?		
7				HOUTE TO BE			
OF INJURY	(Month) (Day) (Yea	r) (Hour) 2	1E. INJURY OCCURRED	21 F. HO	W DID INJUR	Y OCCUR?	
(APPROX.)			VHILE AT NOT V	WHILE			
22.							
1 cer	tify that I held an I	nquiry	Inspection X Aut	apsy and	that an this	basis, death in my	y apinian
	Ited fram: Natural ca	Course:	ccident D Suicide	_	le 🗆 IIe	determined manner	. 🗆
1030		4	Soleton District				
ACTUA	1/1/	MAN	7 (/		DICAL EXA		DATE SIGNED
SIGNAT		100	My M.D.	ASSISTANT ME	DICAL EXA	MINER X	
EXAMIN	VER'S			ASSOCIATE ME			7-13-66
NAME (Type) RUDIGER	BREITE	NECKER, M.D.			BEST TOO	
3A. BURIAL CRE	MATION, 238 DATE		C. NAME of CEMETERY o	CREMATORY	23 D. LO	CATION (City,	town, or county) (State)
EMOVAL (Specif	y)		,	0			
Burial			Gardens of Fa			ltimore, Co	Md.
4A. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERA			ADDRESS (34)
	JUL 19 1966	17.0 B	E. Farbeuma	f	N 4	110	
		16 Cal	C, Coloeprin	dass	almo	Juneral N	one 7401 Relanted
C 151 DEV 1/1	115						



	BALTIMORE CITY	HEALTH DEPARTMENT		66 07191
BIRTH NO. M.E. CASE NO. 66 07191	CERTIFICA	TE OF DEATH	Registered No.	1.101
1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN BALTIMORE MARYLAND	Anderso	n 7	6666	1 8: 30 P-
FULL NAME OF (If not in hospital or institut	ion, give street	Md.	TY /	Clail
INSTITUTION	lospital	Elkton	side city limits, write RU	RAL ond give township)
		Rte. 4	Box 14	46
F W WIDO	RIED, NEVER MARRIED DWED, DIVORCED (specify)	5/17/11	lost birthdoy)	Il Under 1 Yr. If Under 24 Hr Months Doys Hours Min,
0A, USUAL OCCUPATION (Give kind of work 108 KINI one during most of working life, even if refired) House Wate	5 MZ	West Ui	rginia.	12. CITIZEN OF WHAT COUNTRY?
Jacob Scagrai	ses	Ada W. McD	owell owell	
5. Was Deceased Ever in U. S. Armed Forces? es, no arunknown) (Ilf yes, give war or dates of servi	16. SOCIAL SECURITY NO. 213-28-638	17. INFORMANT R.D.4		Address
DISEASE OR CONDITION DIRECTLY LÉADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise injury ar complication which caused death.)	e.g., DUE 10	rci no ma o	+ (R) Lung	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gives to the abave cause (A) stating UNDERLYING CONDITION last.	the (C)			
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIN	IDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, form, loctory, street, of etc.)	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(I(in Boltimore C	City, give exoct location)
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While Work	21 F. HOW DID INJ	URY OCCUR?	
22. I certify that (this hospital) attend that (b) (we) lost sow the deceased alive	-/ (1 1	9 (0 () to opinion tr (my) (our) opinion	on death occurred on the do
ond hour and from the causes stated obove 23A. SIGNATURE	Duy M.D. Alle	ending Med. Director	Stoll Phys.	38 DATE SIGNED 7/6/66
23C. PHYSICIANS NAME (Type) Bernard du 24A. BURIAL CREMATION, 124B. DATE 124	Buy M.D.	Univer	sity	Hospital
ZAN. BURIAL CREWIATION. 1248. DATE	C. NAME OF CEMETERY OF CRE	MAIOKT 12411. 18	CATION CELL	town, or county) (State)
BURIAL 7/10/66	Elkton Cemete ME of registrar		kton, Md.	town, or county) (Stote)

is to a late of the same of th NAME OF THE PARTY OF THE PARTY.

OF DEATH Registered No. 12. DATE AND HOUR OF DEATH			
	CERTIFICA	66 07192	BIRTH NO.
2. DATE AND HOUR OF DEATH		CEACED	M.E. CASE NO.
			(Type or Print)
7/12/66 9:30 a		Mary Walto	N ACE OF DE
SUAL RESIDENCE Where deceased lived. If institution; residence before admir TATE B. COUNTY		ATH IN BALTIMORE, MARYL	3. PLACE OF DEA
Masser I and	and the Cases	DE Me i- bi-l i	FILL NAME O
Maryland OTTY OR TOWN (If outside city limits, write RUBAL and give township)	n, give street	OF (If not in hospital or i address or location)	HOSPITAL OR
			INSTITUTION
Baltimore			12
TREET ADDRESS (If rurol, give location)			1
.523_Williams Street	spital	altimore Genera	South Ba
ATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24	ED, NEVER MARRIED	6. RACE	5. SEX
lost birthdoy) Months Doys Hours M	WED, DIVORCED (specify)	* 10 3 4 a	Mama 7 a
13/1894 72 IRTHPLACE (Stote or foreign country) 12, CITIZEN OF	ried		Female
IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	OF BUSINESS OR INDUSTRY	working life, even if retired)	
Md.		645.	
AOTHER'S MAIDEN NAME			3. FATHER'S NAM
0 /			- TAILLER & HAD
mag Elizabeth Jahmels		ttner	John But
FAMILY - SAME	1 6. SOCIAL	Ever in U. S. Armed Forces	5. Was Deceased
7	SECURITY NO.	(II yes, give wor or doles o	Yes, no or unknown
family - Onne		173	No
ATH INTERVAL BETWEEN	CAUSE O	70 01	18.
ONSET AND DEATH		SE OR CONDITION DIREC	
10 20 10		LEADING TO DEATH	DISEAS
Bowel days Mercuteric throndois day	(A) DUE TO	not mean the mode of dy	(This does r
3000		osthenia, etc. Il meons the	
is and day		nplication which caused de	injury or com
reserver turnesses	(B)	ANTECEDENT CAUSES	
		OR CONDITIONS, if any	DISEASES
		e above couse (A) sta	
		G CONDITION lost.	
		11	
ove Septionen days	ING C	IFICANT CONDITIONS CON	OTHER SIGNI
Je Depilcon	THE	CONDITION CAUSING IT.	E TO THE D
A. AUTOPSY? (Yes of No.) 208, IF YES, WERE FINDINGS CONSIDERED	R WHICH OPERATION	OPERATION 198 CONDITI	
IN CERTIFYING CAUSES OF DEATH?		. WAS PERFOR	19A. DATE OF
YES			# A
bout 21C. WHERE DID (II in Boltimore City, give exact location)	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	NT WAS UNDERLYING UTING CAUSE OF	U 21A. ACCIDE
	etc.)	medical examiner	DEATH (notify
	THE INTERPRETATION	(Month) (Dov) (Year) (I	0 210 7445
OLE HOW DID IN HIR GOOD	21E. INJURY OCCURRED	(Ivionin) (Doy) (Teor) (I	OF INJURY
21F. HOW DID INJURY OCCUR?	While At Not While At Work		2
21F. HOW DID INJURY OCCUR?			(APPROX)
1/66 19 to 7/12/66 19		that 💢 (this haspital) a	22. I certify
1/66 19 to 7/12/66 19			22. I certify
1/66 19 to 7/12/66 19	7/12/66) last saw the deceased o	22. I certify that (II) (we)
1/66 19 to 7/12/66 19 19 19 19 19 19 19 19 19 19 19 19 19		last saw the deceased o	22. I certify that (N) (we)
1/66 19 to 7/12/66 19	n 7/12/66 . (I) (We) (did) (dld nat) v	last saw the deceased o	22. I certify that (II) (we)
1/66 19 to 7/12/66 19	n 7/12/66 . (I) (We) (did) (dld nat) v	last saw the deceased o	22. I certify that (N) (we)
1/66 19 to 7/12/66 19	n 7/12/66 . (I) (We) (did) (did not) v	last saw the deceased of from the causes stated	22. I certify that (X) (we) and haur and 23A. SIGNATU
1/66 19 to 7/12/66 19	n 7/12/66 . (I) (We) (did) (did not) v	o last saw the deceased of from the causes stated URE	22. I certify that (N) (we)
1/66 19 to 7/12/66 19 19 and that in 166 (aur) apinion death accurred an the bady after death. Med. Stoff Phys.	n 7/12/66 . (I) (We) (did) (did not) v	o last saw the deceased of from the causes stated URE	22. I certify that (II) (we) and haur and 23A. SIGNATU
1/66 19 to 7/12/66 19 19 19 19 19 19 19 19 19 19 19 19 19	n 7/12/66 . (I) (We) (did) (did not) v	d from the causes stated URE ANS Type RIFAL A MATION, 1248, DATE	22. I certify that (X) (we) and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T
1/66 19 to 7/12/66 19 19 and that in 164 (aur) apinian death accurred an the he bady after death. Med. Stoff Phys. 7/13/66 Director Phys. 7/13/66 ADDRESS 1213 Light St. DRY 240. LOCATION (City, town, or county) (St.	M.D. Attempts M.D. NAME of CEMETERY or CRE	of Ideas that the deceased of deceased of deceased of deceases stated of the Ideas	22. I certify that (IQ) (we) and haur and 23A. SIGNATU
1/66 19 to 7/12/66 19 19 and that in 166 (aur) apinion death accurred on the he bady after death. Med. Stoff Phys. 7/13/66 Director Phys. 7/13/66 DDRESS 1213 Light St.	M.D. Attempts M.D. NAME of CEMETERY or CRE	d from the causes stated URE ANS Type RIFAL A MATION, 1248, DATE	22. I certify that (X) (we) and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T
1/66 19 to 7/12/66 19 19 and that in 166 (aur) apinian death accurred an the he bady after death. About the bady after death 238. Date signed 7/13/66	M.D. Attempts M.D. NAME of CEMETERY or CRE	d fram the causes stated URE ANS Type RIFAT Specify) 248. DATE 7-15-60	22. I certify that (0) (we) and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T
1/66 19 to 7/12/66 19 19 and that in 100 (aur) apinion death accurred an the he bady after death. Med. Stoff Phys. 238. DATE SIGNED 7/13/66 ODDRESS 24D. LOCATION (City, town, or county) (Store of the county) (Store of the county) (Store of the county)	n 7/12/66 (I) (We) (did) (did not) v M.D. Atterphy M.D. NAME of CEMETERY of CRE	d fram the causes stated URE ANS Type RIFAT Specify) 248. DATE 7-15-60	22. I certify that (X) (we) and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T
1/66 19 to 7/12/66	7/12/66	last saw the deceased o	22. I certify that (N) (we)



	00	07195		BATTIMORE CITE III	ARTMEN	41		. 2.50
	TH NO.	MED	ICAL EX	(AMINER'S C	ERTIFICA	TE OF D	EATH Registe	ered No
1. 1	NAME OF DEC	CEASED				2. DATE AND	HOUR PRONOUNC	ED DEAD
(Ty	pe or Printl	RONALD	G	. McSW	JATN	Tul	v 13, 1966	1 2:40 P M.
		IMORE, MARYLAND, W			4. USUAL RESID			litution: residence before admission)
FUI HO INS	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPIT. ADDRESS OR LOCA	AL OR INSTITE	JTION, GIVE STREET	C. CITY OR TO		corporate limits, write	e RURAL and give township)
4	South 1	Baltimore Gen	eral Ho	spital	D. STREET ADD	RESS (If rurol, g		
5. S		6. RACE		NEVER MARRIED	B. DATE OF BIRT		all Street	If Under 1 Yr. If Under 24 Hrs.
	Male	White	WIDO WED,	DIVORCED (specify)	Dee. 22,		9. AGE (In years lost birthdoy)	Months Doys Hours Min.
			TOB. KIND OF	BUSINESS OR INDUSTR			country)	12. CITIZEN OF WHAT COUNTRY?
200	Attenda	working life, even if retired) nt.	Gas	Station	New.	Jersey		USA
3. 1	ATHER'S NAM				14. MOTHER'S N			
	Jame	s E. Mc Swain	1		Eus	genia Rae		
	WAS DECEASE	D EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT			ADDRESS
Tes	No	(If yes, give wor or dote	s of service)	SECURITY NO.	Family	* **		Same
	1B.	19.X.		CAUS	E OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
	DISEA	SE OR CONDITION DI	RECTLY					OKSET AND DEATH
		LEADING TO DEATH		(A) Gun	shot Wound	of Ches	t.	
	heart failure	not mean the mode of , osthenio, etc. It means mplication which coused	the disease,	DUE TO				
	Injury or co	mpiicoiion which coused	Geomal					
		ANTECENDENT CAUSI		(R)				
	DISEASES RISE TO TH	OR CONDITIONS, IF A	NY, GIVING	DUE TO				000000000000000000000000000000000000000
		NG CONDITION LAST.		463			e 1	
O				(C)				
ERTIFICATION		II NIFICANT CONDITIONS						
Ĭ		R CONDITION CAUSING		HE				
CERT	19A. DATE OF	OPERATION 198, CON		WHICH OPERATION		11	OB. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH? Yes
_	21 A EXTERNA	L CAUSE WAS	218	PLACE OF INJURY (e.g.,	in or about 216		in Boltimore City of	
EDICA	UNDERLYING	OR CONTRIB-	home etc.)	, form, foctory, street, Boat	office bldg., INJUR	Y OCCUR?		
MEC								apsco River
	OF INJURY	(Month) (Doy) (Yeo	r) (Hourl 2	TE. INJURY OCCURRED		OW DID INJUR	RY OCCUR?	
	(APPROX.)	7 13 '66	P _m .	WHILE AT NOT	WHILE X AC	cidental	discharge	of revolver.
	l cer	tify that I held on I		-			bosis, deoth in n	
	resul	ted from: Natural ca	uses	Suicio	de Homic	ide Ur NEDICAL EXA	determined monn	er
	ACTUA		aulus)	lety M.D				DATE SIGNED
	EXAMIN NAME (IER'S Chamle	s S. Pe	tty, M.D.	ASSOCIATE A			7/14/66
	BURIAL CRE		23	C. NAME OF CEMETERY	or CREMATORY	23D. LO	CATION (City,	, town, or countyl (Stotel
KE/	Burial		966	Glen Haven		Gler	n Burnie, A	. A. Co. Md.
24/	A. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNER	RAL DIRECTOR		ADDRESS
	- 10			E. Farberma	1 24435	culty	130 E.	Fort Ave
	101 001/ 1/1	the state of the s	122 /					

A 7 A

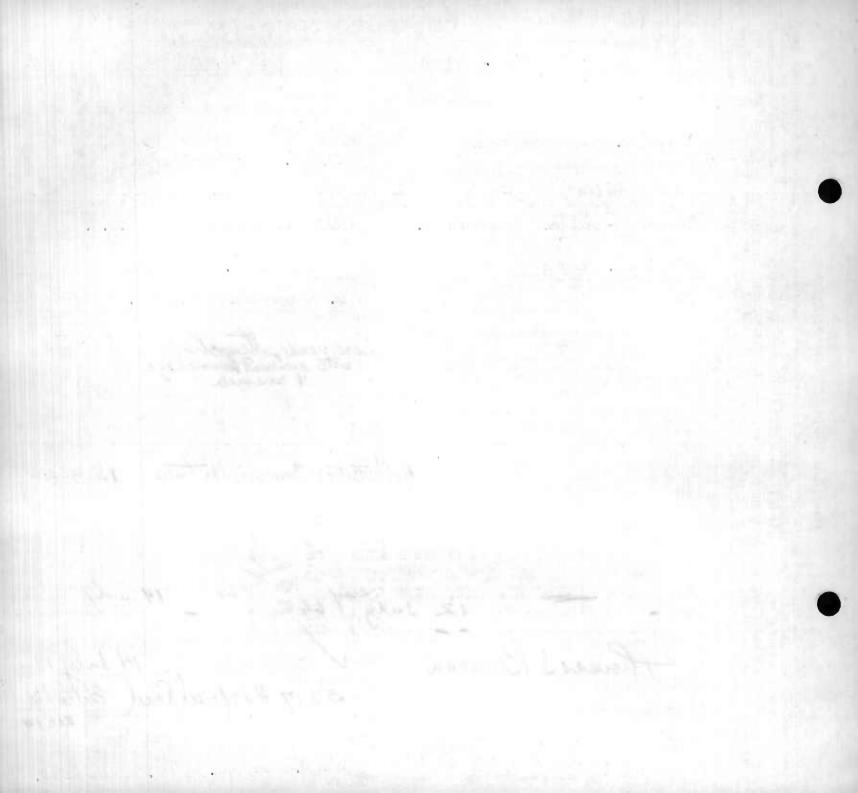
IMPORTANI DIRECTOR: FUNERAL

VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 1966 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before our (If outside city limits, write RURAL and give township) Lemmon St If Under 1 Yr. Months: Doys If Under 24 His. Hours 12. CITIZEN OF WHAT COUNTRY? U. S. A. 1706 Lemmon St. Wife. Elva G. Hillegas Baltimore Md. 23. INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that in (my) (our) opinion death occurred on the date 238, DATE SIGNED (City, town, or county) Cumberland Allegany Co. Md. John J. Duda 7922 Wise Ave. Dundalk 22. Md.



			1405		BALTIMOR	RE CITY I	HEALTH DEPARTME			66 0	74.05
		66 07	130		CERTIF	FICAT	E OF DEAT	TH Regist	rered Na	00 0	1130
	AME OF DEC	FASED						TE AND HOUR	OF DEATH		
	e or Print)	EMSED	Elizal	both	F. Deegan					,	5:45h
3 P	LACE OF DEA	TH IN BALT			. Deegan	11	4. USUAL RESIDENCE	Whose decrees	1900		0.701
J. F	EACE OF DEA	ALL IN DAL	INTO RE, INTA	KILAND			A. STATE . B.	COUNTY			ce before damis:
	ULL NAME O	F (If not	in hospital	or institutio	on, give street		Maryland		1	1-3	C
	NSTITUTION	oddres	ss or location	1)			C. CITY OR TOWN		mits, write R	URAL and give	township)
							Baltimo	re			
0	7724	E. Be	elvede	re Av	enue		D. STREET ADDRESS	(If rural, give i	ocation)	_	
1	U						1124 8.	Belveder	re Ave	nue.	
5. S	EX	6. RACE	715 717		ED, NEVER MARRIED		. DATE OF BIRTH	9. AGE (In	years	If Under 1 Yr. Months: Days	If Under 24
F	emale	Whiz	10		wed, DIVORCED (spe	city)	1/27/1890	lost birthday	y)	Monms Days	Hours Mi
					OF BUSINESS OR IN	DUSTRY 1	1. BIRTHPLACE (Stote	ar fareign country)		12. CITIZEN C	OF.
done	during most of	warking life, ev	en if retired),							WHAT CO	OUNTRY?
	Supervi		ured	rel	ephone (o.		Baltimore	U	ra	4.3.	/I•
13. [FATHERS NAM	ΛE				3	4. MOTHER'S MAIDE	N NAME			
	Willia	m P /	Jeenan				Catho	nino R	Pondar	oast	
15. V	Willia Was Deceased	Ever in U. S	Armed For	ces?	1 6. SOCIAL	1	Cathe.	reduce Do 1	erate/t	ADD	RESS
(Yes	no or unknown	(If yes, give	wor or dote	s of servic	e) SECURITY NO	3.					
	No						Mrs. Agne	s ma arti	uj 112	4 C. Del	veaere i
	1B. / 5	/ X I			CA	USE OF	DEATH			INTER	VAL BETWEEN
	DISEAS	E OR CON		ECTLY			A .	00			11 - 11
		LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO						Slower	W	01	Toules
	(This does not heart failure,					TO	with new	may A leone	willia	2/	
-	injury or com				ise,		arcinomal with reci	de a ser year	·		
		ANTECEDEN			(B)		4	nemica			
					DUE	TO					
	rise to the										
	UNDERLYING			3.0.119	(6)		**************************************				
		11									
N	OTHER SIGNI					11 11		1 . 1 .	11		2
ATIO	TO THE D	CONDITION	CAUSING I	TED TO	THE	lalhu	itution: Dem	erefined A	relireti	0, 18	year
C	19A. DATE OF		198. CON	DITION FO	OR WHICH OPERATIO		20 A. AUTOPSY? (Yes	or No. 208. IF	ES, WERE F	INDINGS CON	
ERTIFIC,	0		WAS PERF	ORMED	4.			IN CERT	IFYING CAL	JSES OF DEATH	H?
CE	21A. ACCIDE	NT WAS UN	DERLYING		21 B. PLACE OF INJUR	RY (e.g., in	or obout 21 C. WHERE	DID (If	in Baltimore	City, give exo	ct location)
AL	OR CONTRIBLE DEATH (notify	JTING CA	USE OF	1	hame, form, factory, s	street, offic	e bldg., INJURY OCC	CU R?		,	
0											
W.	OF INJURY	(Month) (E	Doy) (Year)	(Hour)	21E, INJURY OCCURR			ID INJURY OCCU	JR?		
8	(APPROX.)			-10	While At N	Nat While At Wark					1
	22	that (1) (4)	iashan-tacl	\ a44a	d the deceased fro		Mais	19 66		14 111	11 196
					17	1	1			7 000	7
	that (I) (we)	last sow th	he decease	d alive a	in	uy	1 19 66	and that in(my)	(apr) apir	nian death of	curred an the
	and hour and	fram the c	auses stat	ed abave	. (1) (We) (did) (did	not) vi	w the bady after d	leath.			
	23A. SIGNATU		,	0			1			23B. DATE SIG	NED
	(1	1	1	10	8 ((/ / /) M.	.D. Atten		Stoff		14.1	. 1. 10
	22.5 84.94.	noul	ass	1	runan	Phy s.	Director	Phys.		1.10,	my 171
	23C. PHYSICIA	ype)				23	D. ADDRESS	11 . 1	116		2/1/1
						M.D.	5217	Harlo	real	rack &	Fallo M
24A	BURIAL CRE		B. DATE	240	NAME of CEMETERY	Y OF CREA	MATORY	24D. LOCATION	(Cir	ty. town, or cou	nly) (Sto
	REMOVAL (Specify)	1/10/-	200				0	4.	,	2/2/
	Burial	- /	178/79		New (athedr		emetery	Baltimo	ne, M	aryland	
25A	. DATE REC'D	BY HEALTH	DEPT.	25B. NAN	NE OF REGISTRAR	4.5	25C. FUNERAL DIR			A	DDRESS
		111 15	1966	17.00.	B & Failer	r lott	John A. M.	oran Inc.	3000	E Bolt:	ma = C /
			INFA	AL CONTRACTOR	12 "			0,00	1000	Commis	none st



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD JOSEPH CARTER July 14, 1966 3:50 A 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR INSTITUTION C. CITY OR TOWN (If outside corparate limits, write RURAL and give tawnship) Baltimore D. STREET ADDRESS (If rural, give location) Bon Secour Hospital 2125 W. Mulberry Street 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Haurs, Min. WIDO WED. DIVORCED (specify) Male Negro 5-12-1901 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 2. CITIZEN OF dane during mast of working life, even if retired) WHAT COUNTRY? PORTER Bukimove. 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Mary UNUK 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 7. INFORMANT ADDRESS (Yes, no or unknown), (If yes, give wor or dates of service) SECURITY NO. 21254 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic Cardiovascular Disease. (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) DUE TO ANTECENDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED No 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimore City, give exact location) hame, form, foctory, street, office bldg., INJURY OCCUR? 21 D TIME 121E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Doy) (Yeor) OF INJURY (APPROX.) NOT WHILE 22. I certify that I held on Inquiry Inspection X Autopsy ond that on this bosis, death in my opinion resulted from: Notural couses X Homicide Undetermined monner Accident Suicide CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M. D. ASSISTANT MEDICAL EXAMINER MIL SIGNATURE 7/14/66 ASSOCIATE MEDICAL EXAMINER EXAMINER'S Charles S. Petty, M.D. NAME (Type) 23A. BURIAL CREMATION. 238. DATE 23C. NAME OF CEMETERY OF CREMATORY (State) 23D. LOCATION (City, town, or county) REMOVAL (Specify) Duriu lary /4nd 248 NAME OF REGISTRAR ADDRESS 24C. FUNERAL DIRECTOR

ortons



		o one	100	BALTIMORE CI	TY HEALT	H DEPARTMENT		66 07407
BIRT	H NO.	66 075	197	CERTIFIC	ATE C	F DEATH	Registered Na	66 07197
M.E	AME OF DEC	ASED					D HOUR OF DEATH	4
	e or Print)		William Ta	nnan				
3. F	LACE OF DEA		AORE MARYLAND	inner	II4. USU		July 11, 1	966 6:40p M.
					A. STAT	E B. COUN	TY	
	ULL NAME O		n hospital or institut	ion, give street		Mary	yland	1101
	OSPITAL OR		or locotion) vident Hos	nital	c. cim	OR TOWN (If out	side city limits, write	RURAL and give township)
	_		Division				timore	
2	9	_			D. STRE	EET ADDRESS (If	rural, give location)	
2	1	Dal	timore, Ma	aryland 21217				nia Avenue
5. S	EX	6. RACE	7. MAR	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE	OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	Male	Negre		nk nown	8-	- 2 - 1907	58	30,5
			kind of work 10B. KIN	D OF BUSINESS OR INDUST	RY 11. BIRT	HPLACE (State or forei	gn country)	12. CITIZEN OF
don	during most of v		n if retired)		100	77 1		WHAT COUNTRY?
12	UNK FATHERS NAA	nown		unknown	14 140	Unknown	45	8.5.4.
13.	PAINERS NAV				14. MO			
		unl	cnewn			unknov	vn	
15.	Was Deceased	Ever in U. S.	Armed Forces? war ar dates of serv	1 6. SOCIAL SECURITY NO.	17. INFC	RMANT		ADDRESS
	1/2-	in yes, give		SECORITI NO.	Rec	eived by an	nhulance #	7
_	1B. 1 1 1	1		CALISE	OF DEATH		ibulance #	INTERVAL BETWEEN
	10/	X						ONSET AND DEATH
		LEADING TO	ITION DIRECTLY	P	Fut	10NIA		
			made of dying,	e.g., DUE TO	45-4			
	heart foilure,	asthenia, elc.	It meons the dise	ase,		1 Di	EHYDRATI	bN
			ch coused deoth.)	(B)	ALN	UTRITION		
		ANTECEDENT	CAUSES	DUE TO	~~~~			
			DNS, if any, gi	ving	ARC	INONA S	STONACH	
		CONDITION		(C)			27 31 31 01	\$4.00.00000
		- 11						
Z		FICANT CON	DITIONS CONTRIBL					
E	TO THE DI	CONDITION C	NOT RELATED TO	THE				
CERTIFICATION	19A. DATE OF		198 CONDITION	OR WHICH OPERATION	20A.	AUTOPSY? (Yes or No		FINDINGS CONSIDERED
RTIE	0		WAS PERFORMED	nene		ne	IN CERTIFYING C.	AUSES OF DEATH?
CE	21A. ACCIDEN	IT WAS UND	ERLYING	21B. PLACE OF INJURY (e.g	, in or obou	121C. WHERE DID	(If in Boltime	re City, give exact location)
AL	OR CONTRIBU	medical exam	SE OF	home, form, foctory, street, etc.)	office bldg.	, INJURY OCCUR?		
5	21 D. TIME		y) (Yeor) (Hour)	21 E INJURY OCCURRED		21F. HOW DID INJ	Uny Occupa	
MEDI	OF INJURY	(//(01111) (100	y treon thoun	While At Not W	/bile 🖂	ZIF. NOW DID INJ	ORY OCCUR!	
	(APPROX.)			Work At Wo	rk L			
	22. I certify	that (1) (this	hospital) attend	ed the deceased fram	Ju	ly 11. 1	9 66 to J	uly 11, 19 66 ,
								inian death accurred on the date
							,, (,	
	23A. SIGNATU		uses stated above	e. (I) (We) (did) (did nat) view the	bady after death.		23B, DATE SIGNED
	230. 31014710	"V5 4	anna	67 M.D.	Attending -	Med.	Stoff -	
				P	hys.		Stoff Phy s. 32	July 12, 1966
	23C. PHYSICIA NAME (T	N'S T	RAM.	NATH	23D. ADI	DRESS		
		K.	3-111-1	M.I	0.1514	Division S	Street-Bal	timore 17, Maryland
24A	BURIAL CRE		DATE 24	C. NAME of CEMETERY or				City, town, or county) (State)
, 100	REMOVAL (S	pecify)						
	DATE REC'D	BY HEALTH	-15-66	MOUNT HUB	UHN	Cemetery 1	on Ito, 1	ADDRESS
23 A	. DATE KEC'D	111 4 E	1966 17.0	ME OF REGISTRAR				
		UL 19	1300 (11 July	TO C' MONOCHINA	Mu	MOTTIN +	DYOTT	1701 LAUTENS ST

THE THE PARTY OF THE PARTY.

V- someledne vd bevisse

1971 2517-971

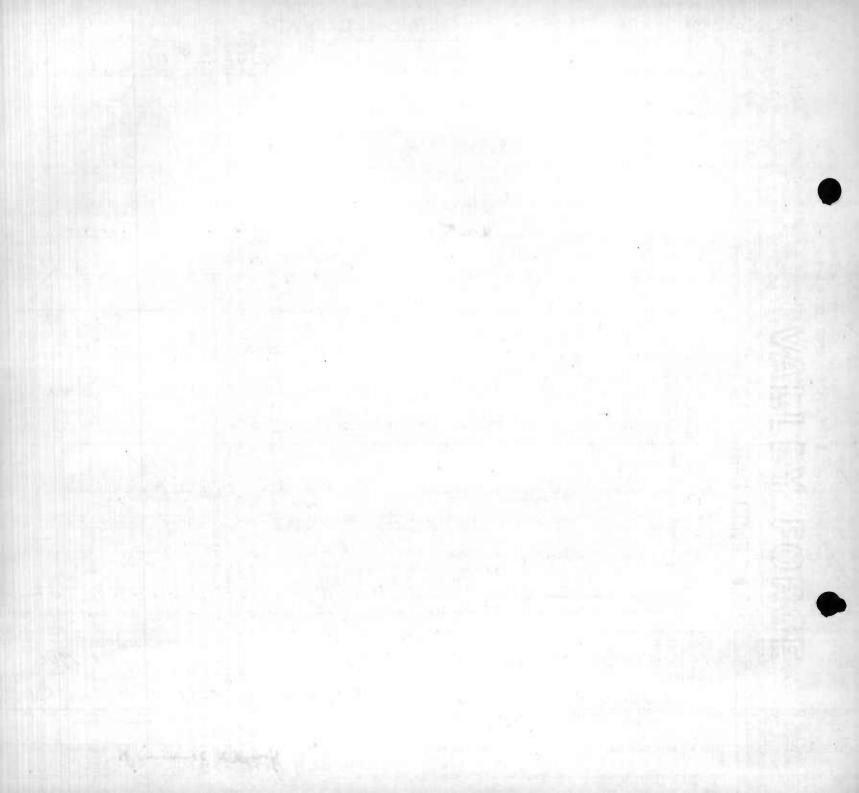
3mly 11, 10 Lawy 11, 10 Lawy 11, 11, 11 Lawy 11, 11, 11 Lawy 11, 1

and the first of t

Sint while plant was

	41
	76 6 7 6
	and the state of t
	TO 0 5 .
	± 0 0 ±
	S) I
	d a c
	Se Se of
	ag ag
	D.E O D.E
	ar
	niril Bed
	oc or regree
	th et et en
	P P P P P P P P P P P P P P P P P P P
	D + D B e S
	= 64 > + G
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
4	sto in lec
~	ssi + + A
0	ifi
3	his of a
	A e o E E
**	P - 10 - 0
2	ac ac m
H	E T O D O
8	X A A
~	3 6 E ii s
	ica alis
-	dio dio
S	E en de na
Ш	dy dy
Z	ch th th ys
3	phe 2 by
	÷ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	by when de
	os de la constante de la const
	0 P P P P P P P P P P P P P P P P P P P
	th ny ex ar
	4 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	0 0 0 0 0 0 0 0
	sp sp led
	biid of
	50000
	as as roor
	P. A. P.
	F75000
	D. S. D.
	e le
	サキャッカメ

	NO.	66 07198			TE OF DEATH	Registered No.	66 07198
	ASE NO. AE OF DECE or Print)	0			2. DATE	AND HOUR OF DEATH	
FULL NAME OF (If not in hospital or institution, give street hospital or oddress or location) DOA Lutheran Hospital					4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission a. STATE B. COUNTY Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 3501 Berwyn Avenue		
5. SEX		6. RACE		NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIN done during most of working life, even if retired) retired				FILED OR INDUSTRY	2/9/1894 72 11. BIRTHPLACE (Slate or foreign country) Woonsocket, R. I.		12. CITIZEN OF WHAT COUNTRY?
3. FATHERS NAME Octavien Sylvestre					Philomene Rochefort		
5. Was Yes, no	orunknown)	Ever in U. S. Armed Far (If yes, give war ar date W. W.	rces? es of service)	16. SOCIAL SECURITY NO. 219-22-4229	17. INFORMANT	NO. 4	ADDRESS
he inj DI: risc UN	his does not control failure, of jury or comp A ISEASES O THE NOTE OF THE CONTROL OF THE CONT	LEADING TO DEATH DI meon the mode of sosthenio, etc., II meons plication which coused UNTECEDENT CAUSES R CONDITIONS, if obove couse (A) CONDITION lost.	ony, giving stoling the	(B) Coiron. DUE TO	ronary occu		Score 5 years
A DI	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED WAS PERFORMED				20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
	A. ACCIDEN CONTRIBU	T WAS UNDERLYING		PLACE OF INJURY (e.g., in	NO		
A DE	ATH (notify	TING CAUSE OF medical examiner)	ham etc.	e, form, lactory, street, of	fice bldg., INJURY OCCUR	? (If in Baltimo	are City, give exact lacation)
DE 210 OF			(Hour) 21E.	INJURY OCCURRED ILL At Not While	21F. HOW DID	(If in Boltimo	
PDE 21E OF (AF 22. the one	D. TIME INJURY PPROX.) I certify to t (I) (we)	that (1) (this hospite) last saw the decease from the causes star	(Hour) 21E, Why Wa I) attended the	in form, lactory, street of INJURY OCCURRED ile At	21F. HOW DID	? INJURY OCCUR? 196 ta that in (my) (our) op th. Stoff Phys.	



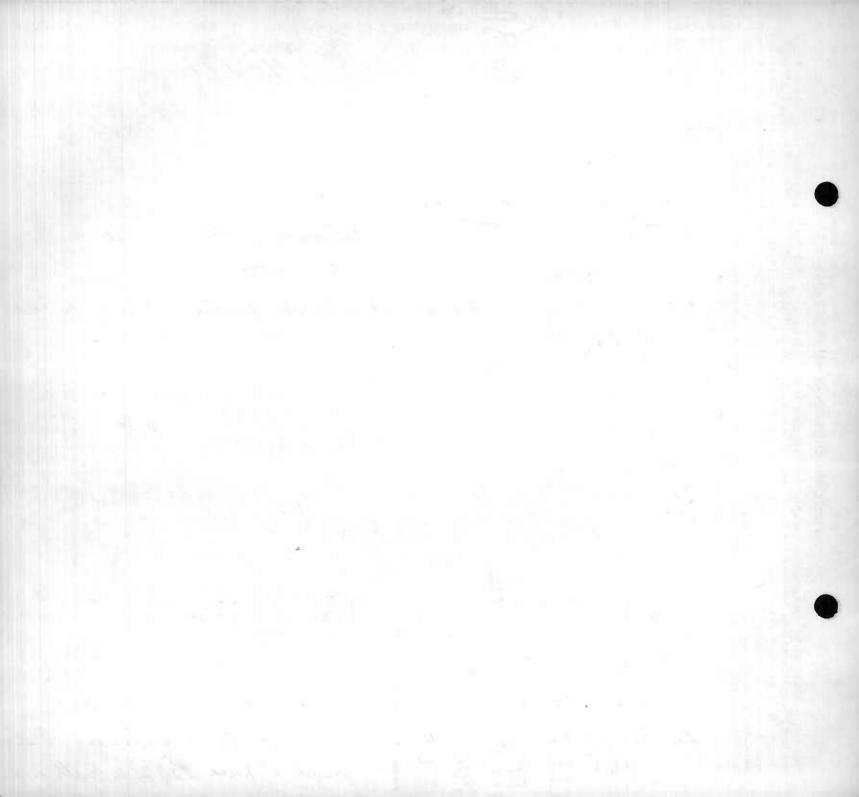
FUNERAL DIRECTOR:

2/10/13 23

	BALTIMORE CIT	TY HEALTH DEPARTMENT		00 05000
BIRTH NO. 66 07200	CERTIFICA	ATE OF DEATH	Registered Na.	66 07200
M.E. CASE NO.		2. DATE AN	D HOUR OF DEATH	2201
(Typo or Print) Mildred K	irk	Jul	y 12,19	766 5:30/A M.
PLACE OF DEATH IN BALTIMORE, MARYLAN	1D	4. USUAL RESIDENCE (Whom		nstitution; residence before admission)
FULL NAME OF (If not in hospital or ins	titution, give street	Maryland	Baltim	
HOSPITAL OR oddross or location)	1011	C. CITY OR TOWN (If out	side city limits, write	RURAL ond give township)
Sinal Hospital of	Baltimore, In	C. D. STREET ADDRESS (III	rurol, give location)	3 3-60
42		Winans	· RJ	
• SEX 6. RACE 7. M	ARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
Promote la 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Married Specify	11-29-06	59	140013
OA. USUAL OCCUPATION (Give kind of work 10 B. I one styring most of working life, even if retired)		Y 11. BIRTHPLACE (Stoto or foroi	gn country)	12. CITIZEN OF WHAT COUNTRY?
Krusewile	none.	Maryland		U.S.A.
3. FATHERS NAME		14. MOTHER'S MAIDEN NAM	WE	
Robert Garriso	n	trannie	Kmil	h.
5. Was Doceased Ever in U. S. Armed Forces? Yes,no or unknown) (If yes, give wor or dates af :	1 6. SOCIAL SECURITY NO.	17. INFORMANT	1 . Bl. 5	-62 ADDRESS alkela
no	hone	Veryn E.K.	ist Wen	and Rd Buts.
18. 203XI	CAUSE	OF DEATH)	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTL	Y	11: 1= M.	= 1	
(This does not mean the mode of dyin	g, e.g., DUE TO	altiple My	eloma	lyr. 9months
heart failure, asthenia, etc. It meons the injury or complication which caused deat				,
ANTECEDENT CAUSES	(B)			······································
DISEASES OR CONDITIONS, if any,				
rise la the obave cause (A) stati	ng lhe (C)			
II.				
OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING			
DISEASE OR CONDITION CAUSING IT.		120A ALIZOROVA (V No	1 20B AF MEG AMERE	CANDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218, PLACE OF INJURY (e.g.	in or obout 21 C. WHERE DID	(If in Boltimo	re City, give exect location)
OR CONTRIBUTING CAUSE OF DEATH (notify modical examiner)	home, form, foctory, street, otc.)	office bldg., INJURY OCCUR?		
OF INTER (Month) (Doy) (Year) (Ho	ur) 21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
APPROX.)	While At Work Not W	hilo 🗀		
22. I certify that (4) (this haspital) atte			19 6 4 ta J	aly 12 19 66.
that (I) (mas) last saw the deceased ali	- 1 11	4 4		inian death accurred an the date
and haur and from the causes stated a				
23A. SIGNATURE				238, DATE SIGNED
allan S. Rude	lela M.D. A	ttending Med. Director	Stoff Phys.	July 12, 1966
23C.PHYSICIAN'S NAME (Typo)		23D. ADDRESS		
	M.[Sinai Ho:	spital	Baltimore, Md.
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF C	REMATORY 24D. LI	OCATION (C	City, town, or county) (State)
brurial 1-15-66	Nordlan	on Cem W	orderson	Dollo Co, ma
	NAME OF REGISTRAR	250. FUNERAL DIRECTOR	On R	anditation
JUL 15 1966 (P.C	set E. Jankey Mill	Joung 12ye	128x	staty Ka mid
/S 150-REV 1/1/65			,	

BIRT	н но. 66	07201MEDI		KAMINER'S CI			DEATH Register	eSG 07201
	CASE NO.							- V-J.
1. f (Typ	e or Print)		0.1	77 770 01777			HOUR PRONOUNCE	
		HENRY		FLEISCHER			13, 1966	10:15 P N
3. P	LACE IN BALT	IMORE MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL A. STATE	RESIDENCE (Where	deceosed lived. If instit	tution: residence before admissio NTY
F.J.	PATH	THE NATIFIES PIT	A.M.F.	NDEBE		Maryland		73 6 6 7 3 1
IN S	TITUTION	DERESS OR LOCA	ATOMATA	1122	C. CITY OF	R TOWN (If outside	corporate limits, write	RURAL and give township)
				3/20/66		Baltimore		33000
1	D St.	Agnes Hospit	a1		D. STREET	ADDRESS (If rurol,	give location)	
4						1943 Victo	ory Drive	- 3-12-2-1
5. S	EX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF	BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 H Months, Doys, Hours, Min
	Male	White	* 1	ried	4-2	1-08	-60 58	The state of the s
10A	USUAL OCC	UPATION (Give kind of work		BUSINESS OR INDUSTRY				12. CITIZEN OF
done		working life, even if retired)	04 - 7		-	21 252		WHAT COUNTRY?
13. 1	ATHER'S NAM	foreman	Stock	yara	14 MOTHER	TO MAIDEN NAME		USA
		enry Fleison DEVER IN U.S. ARMED		16. SOCIAL	Hel	en Gilbe	rt	ADDRESS
		If yes, give wor or dote		SECURITY NO.	17. INFORM	Dolored	Fleischer	ADDKE22
				215-03-7019	1943	Victory	Drive - S	27
	18. 21 0	0.0		CAUSE	OF DEATH	Ü		INTERVAL BETWEEN
	7							ONSET AND DEAT
	DISEA	SE OR CONDITION DI LEADING TO DEATH		Arter	insclas	cotic Card	iovascular D	icosco
	(This does	not mean the made of	dying, e.g.,	DUE TO	TOSCIE	.ocic Gard.	IOVASCULAL D	TSEADE.
	injury or cor	, osthemo, etc. It meons mplication which caused	deoth.)					
		ANTECENDENT CAUSE	e					
		OR CONDITIONS, IF A		(B)		•		
	RISE TO TH	E ABOVE CAUSE (A) ST	ATING THE	DOE 10				
z	ONDERLIN	NO CONDITION LAST.		(C)				
Q		11						
ERTIFICATION	OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTII	NG				
Ĕ		R CONDITION CAUSING		HE				
ERT	19A. DATE OF			WHICH OPERATION	20 A. AU1		20B, IF YES, WERE FIN	
O	0	WAS PER	FORMED			No	IN CERTIFYING CAUS	ES OF DEATH?
4		L CAUSE WAS	21 B.	PLACE OF INJURY (e.g., form, foctory, street, c	in or obout 2	C. WHERE DID	If in Boltimore City, giv	e exoct location)
EDIC	UNDERLYING L	OR CONTRIB-	home etc.)	, form, foctory, street, o	office bldg., It	NJURY OCCUR?		
	OF INJURY	(Month) (Doy) (Year		1E. INJURY OCCURRED		IF, HOW DID INJU	RY OCCUR?	
	(APPROX.)		m. V	VHILE AT NOT	ORK			
	22.	tify that I held an I		June and lon [37] Aug	apsy		- L1- J1- !	
							s basis, death in m	
	resul	ted fram: Natural ca	uses X	ccident _ Suicid	e 🔛 Ho	omicIde U	Indetermined monne	r
		\sim /		11	CHIE	F MEDICAL EX	AMINER	DATE SIGNED
	SIGNAT		rule)	Kelly M.D.	ASSISTAN	IT MEDICAL EX	AMINER 3	
	EXAMIN	IER'S				TE MEDICAL EX		7/14/66
	NAME (Type) Charles		ty, M.D.				KOR PILITARIA
	BURIAL CRE		23	C. NAME OF CEMETERY O	CREMATO	RY 23D. LC	CATION (City,	town, or county) (Stote)
KEN	NOVAL (Specify Buri		6.6	22 - 42 - 12		7	740 353	
244		BY HEALTH DEPT.		OF REGISTRAR		JNERAL DIRECTOR	alto., Md.	ADDRESS
	. JAIL NEED			0 7 0	1/	Les 1	n p	/
		JUL 19 1966	Tobal	J E. Saubay MA	1/0	1. K. 1. W	-41011	mondson 4
VS	151-REV. 1/1/	65			1	1	7,57	

Bapt. Record from St., homas Ev. Lutheran Church for Henry Fleisher born 4/21/08



Ö

Mas

he body

shows:

the

uo

ance

attend

and

hospital

0

BALTIMORE CITY HEALTH DEPARTMENT 66 07203 Registered No. 66 0721 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Sophie Milne death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased tived. If institution: lesidence before admission) A. STATE B. COUNTY Maryland FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, Write RURAL and give township) INSTITUTION Baltimore prior The Wesley Home, Inc. D. STREET ADDRESS (If rurol, give location) 2211 West Rogers Ave. West Rogers Ave. mad 6. RACE 7. MARRIED, NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) Months Doys Hours ! Female White Married Sept. 15, 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF disposition done during most of working tife, even if retired) WHAT COUNTRY? Matthers, Virginia Homemaker 13, FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Marchant Charles Abergh 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 218-52-2225 The Wesley Home, Inc. 2211 W. Rogers Ave. 0 CAUSE OF DEATH INTERVAL BETWEEN Haarl ONSET AND DEATH DISEASE OR CONDITION DIRECTLY pemi LEADING TO DEATH (This daes not meon the made of dying, empa heart failure, asthenio, etc. It means the disease, injury or complication which caused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving to the obove cause (A) stating the the remains UNDERLYING CONDITION IOSI. CERTIFIC ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20 A. AUTOBSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examine) etc.) obtained 21 D. TIME (Month) (Doy) (Year) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX) Work At Work 22. I certify that (1) (this hospital) attended the deceased from 19 that (1) (we) last saw the deceased alive an and that in(my) (our) agrinion death occurred an the date and hour and from the couses stated above. (1) (We) (did / (did not) view the body after death. must 23A. SIGNATURE 238, DATE SIGNED Attending 🔀 M.D. Med. written approval Phys. 23 C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION eceased (City, town, or county) REMOVAL (Specify)

Loudon Park Cemetery Burial Baltimore, Maryland 25A. DATE REC'D PY 25C. FUNERAL DIRECTOR 25B. NAME OF REGISTRAR VS 150-REV. 1/1/65

FUNERAL DIRECTOR:

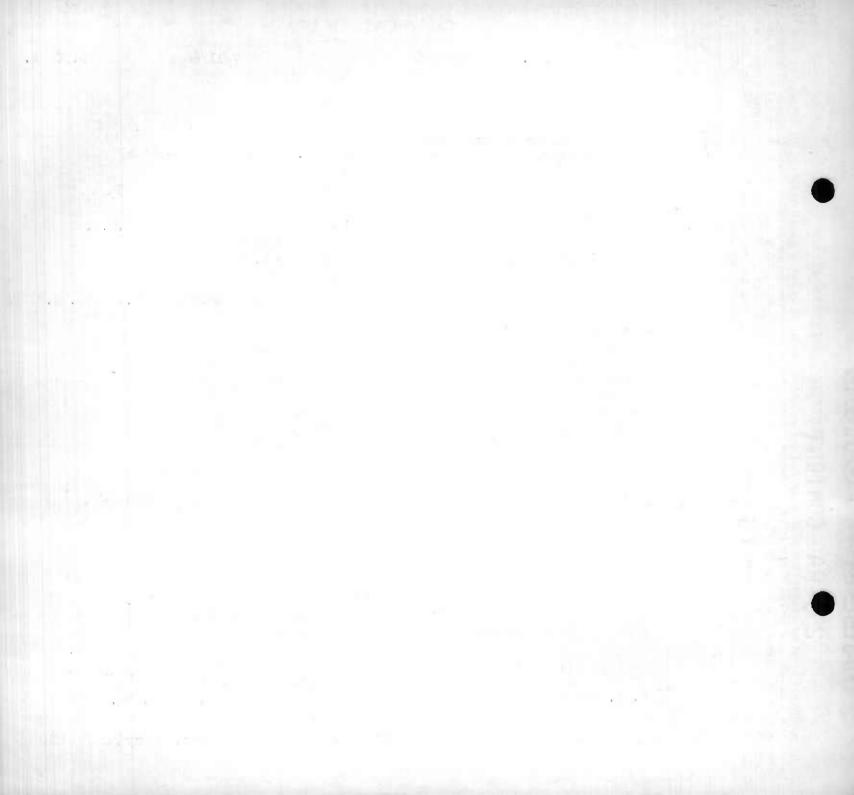
which the section of THE SHIP OF MEMORY OF THE PARTY OF THE PARTY

Ţ

The second of the second secon

DIRECTOR:

FUNERAL



DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

THE PROPERTY SELECTION OF THE PROPERTY OF THE HSOT HELE! TO A TELL THE AT

WE-17-T 32 4 73 -0-T

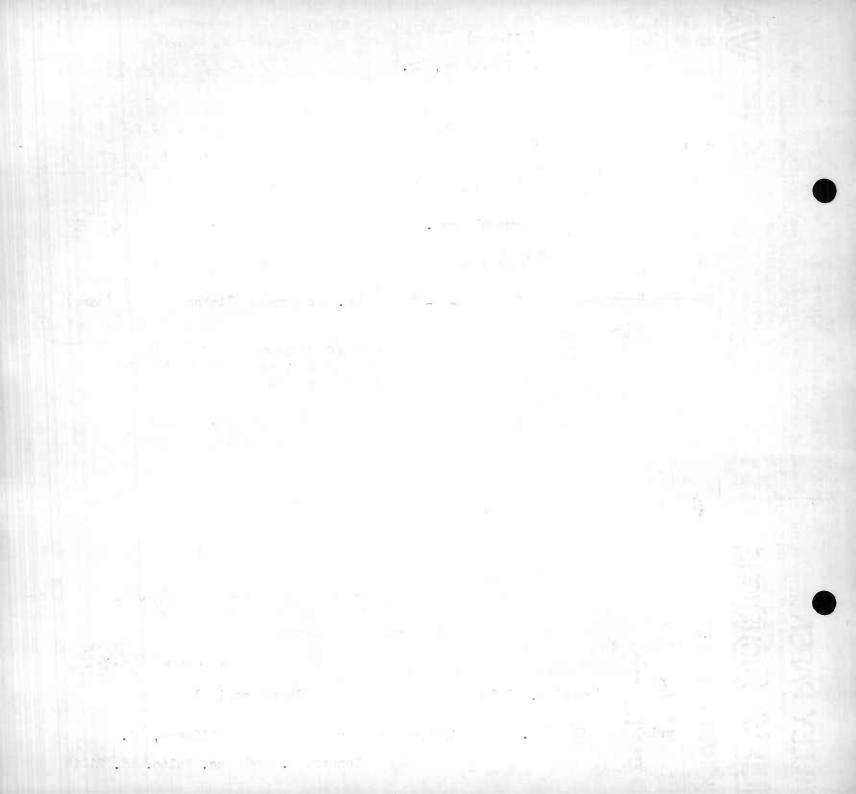
	BALTIMORE CIT	Y HEALTH DEPARTMENT		00 00000
MATH NO. 66 07208	CERTIFICA	ATE OF DEATH	Registered Na.	66 07208
M.E. CASE NO.	021(11110)			
Type or Print)	ANCUSO	2, DATE ANI	HOUR OF DEATH	6 19:00 P.
PLACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (Where	deceased lived. If institu	ition: residence before admission
FILE NAME OF Mis and in bounded or inst		A. STATE 8. COUNT	MAR	YIANX
FUEL NAME OF (If not in hospital or inst HOSPITAL OR address or location)	itution, give street	C. CITY OR TOWN (If outs	ide city limits, write RUR.	AL ond give township)
		BALTO.	2/-	02
MARYLAND GENEL	RAL HOSPITA	D. STREET ADDRESS (If it	urol, give location)	01.1
(/	<u>'</u>	14700 W	ALTHER	
SEX F 6. RACE WI	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	8. DATE OF BIRTH	ost birthdoy)	Under 1 Yr. If Under 24 Hr onths Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work 10 B. K		Y 11. BIRTHPLACE (State or foreig	in country) 1:	2. CITIZEN OF WHAT COUNTRY?
Ln() C & 1,1/1= &		The state of the s	TARY/ MNH	USI
S. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	IE I	
FONNK	a norch	ANGE	111/11	- 27
i, Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17 INFORMANT A	-1/000	ADDRESS
es, no or unknown) (If yes, give wor or dotes of s	SECURITY NO.	Mr. Gus Mancu	50	(Sama)
118.		OF DEATH		INTERVAL BETWEEN
1.5×60			UREMIA	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	HER	TAL CURRING	Wide illi	
(This daes not mean the made of dying	, e.g., DUE TO	-0.1.6	7 (5	***************************************
heart failure, asthenia, etc. It means the d injury at camplication which caused death	Por	THE CURICION	313	
ANTECEDENT CAUSES	(B)	14/19/10/11	19114	
DISEASES OR CONDITIONS, if any,	DUE TO		,	
rise to the above cause (A) stating		04w00000000000000000000000000000000000	24.000000000000000000000000000000000000	
UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTR	IRUTING			
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINI	DINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	D	YES	IN CERTIFYING CAUSE	S OF DEATH?
21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.	in or obout 2 C. WHERE DID office bldg, INJURY OCCUR?	(If in Boltimore Ci	ty, give exact location)
DEATH (notify medical examiner)	etc.)	onico biago invokt OCCOK:		
21D. TIME (Month) (Doyl (Year) (Hou	21 E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
OF INJURY (APPROX)	While At Not W			
	Work At Wo		- //	71.11
22. I certify that (I) (this hospital) atte	nded the deceased fram	1. 11	9.66.10	1/14/19/16
that (1) (we) last saw the deceased ali		,	t in (my) (our) apinla	n death accurred an the do
and haur and fram the causes stated at	pave. (1) (We) (did) (did not)	view the bady after death.		
23A. SIGNATURE	01			B. DATE SIGNED
I Conald Ito	edne M.D. A	ttending Med. Director	Stoff Phys.	7/14/66
230 PHYSICIAN'S NAME (Type)		23D-ADDRESS	0	1111
Ronald	joldner M.	. // / La. La.	of Lone	I Horselist
4A. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY or C	REMATORY 24D. LC	CATION (City,	lown, or county) (Stote)
REMOVAL (Specify)	Holy Radaman	Camatahu	Baltimore	Md
Burial 7/19/66 5A. DATE REC'D BY HEALTH DEPT 1966 258 31	HOLY Kedeemen		Baltimore	ADDRESS
JOE 1 9 1966 (1)	LEU E TOLOGIA	Lagrand ()	Ruch One A	Balto. Md. 212
	1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Leonard Je	NUCK FILE. L	June 1114. 2121

BOARD AND A CALL BURE State of the State PREMIUM BINGS A Que854-

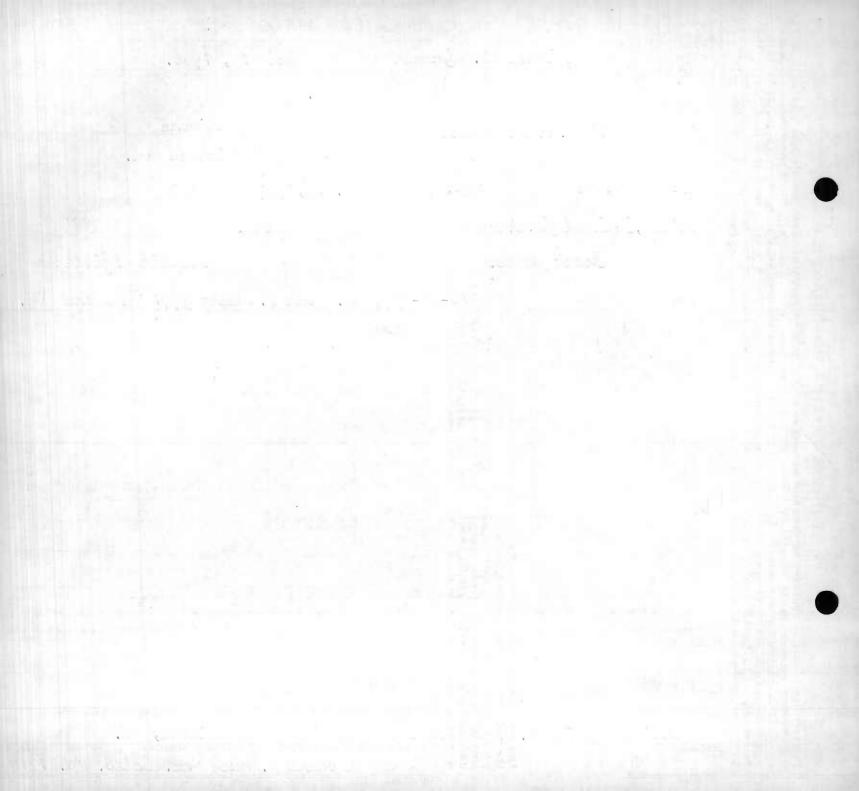
FUNERAL DIRECTOR:

Belto . 6 Morey Hospitel 974 Showrook Ave 88 With Gargi Reporting polar Obstruction joindes Ca. of Brownty Had Soler-Reag Ko Sugar By Many Hope tal WERL-RAST KO

60 07010	BALTIMORE CIT	Y HEALTH DEPARTMENT	(6 07210
BIRTH NO.6 07210	CERTIFICA	ATE OF DEATH	Registered Na.	,0 ,1,02.0
I. NAME OF DECEASED	sham)	2. DATE AN	ND HOUR OF DEATH	
(Type or Print) Joseph V. CH	Sham sr.	7/13	LE 7:20 PI	4 -
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	- vea . Dr.	4. USUAL RESIDENCE (WAR	re deceased lived. If instit	ution: residence before ad
		A. STATE B. COUN	ITY	
FULL NAME OF (If not in hospital or institu	tion, give streel	C. CITY OR TOWN (If ou	tside city limits, write RUR	(A) and give lawnship)
INSTITUTION WAS ENGLAND	Balto, Md.	1/1 11	more 2/2	_
Mercy Hospilal		D. STREET ADDRESS (III	rurol, give location)	10
5 1101		1308 Sou	thurew Ko	1 01
	RIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Under 1 Yr. , If Under
	Marned (specify)	4/4/10	lost birthday)	Nonths Doys Hours
10A. USUAL OCCUPATION (Give kind of work 108, KIN				2. CITIZEN OF
done during most of working lite, even if retired)	ndel Corp.	Baltimore	und.	WHAT COUNTRY?
THES Manager ATU	nacr ourp.	14. MOTHER'S MAIDEN NA		03
	1 -			
Joseph W. Clis		Mary F	itz gerald	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of sen	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Yes MAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	220-09-0377	Mrs. Ann Brooke	Clisham	(Same)
1B. 15 H V I		OF DEATH		INTERVAL BETWE
DISEASE OR CONDITION DIRECTLY		11		ONSET AND DE
LEADING TO DEATH	(A)	Adenocarcinon	na of the	
fThis does not mean the mode of dying, heart foilure, asthenia, etc. It means the dis	e.g., DUE TO ease.	Adenocarcinon Rectosigmo Metastase	id = wides	read
injury or complication which caused death.)		Metastase	\$	
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if any, g				
rise to the above cause (A) stating UNDERLYING CONDITION last.	The (C)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
11				
OTHER SIGNIFICANT CONDITIONS CONTRIB				1239
TO THE DEATH BUT NOT RELATED TO) THE			
19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIN	DINGS CONSIDERED
#0 1965 Adenocard	hana Rectosique	id No	IN CERTIFIED CAUSE	S OF DEATH:
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore C	ity, give exact location)
DEATH (notify medical examiner)	etc.)			
21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At Not Wh	ile 🗍		
			1966 to 7/	13 19
22. I certify that (I) (this hospital) attend		10		,
that (I) (we) last saw the deceased alive			at in(my) (our) opinia	n death occurred on
and hour and from the causes stated abo	ve. (1) (We) (did) (did not)	view the bady after death.		
23A. SIGNATURE	7 1/11	Manding	23	B. DATE SIGNED
//luchael/1	e Chin Ph	ttending Med. Director	Phys. Titorn	1/13/66
23C. PHYSICIAN'S NAME (Type)		. 23D. ADDRESS		/ /
Michael A. El	lis M.D	Mercy H	Hospital	
	4C. NAME of CEMETERY OF CI	REMATORY 24D. L	OCATION (City,	town, or county)
Burial 7/16/66.	New Cathedral Co	emeterv	Baltimore,	Md
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	ub E. Farbura	Leonard J. Rue		
460	الما حرا المالمون الما			
V\$ 150-REV. 1/1/65				



UNERAL DIRECTOR:



FUNERAL DIRECTOR:

A CONTRACTOR OF THE PROPERTY OF THE PARTY OF

6 0 BIRTH

VS 151-REV. 1/1/65

DALIMORE CITT HEALTH DELARTMENT

BIR	TH NO. MED	ICAL EXA	MINER'S C	ERTIFICATE O	F DEATH Register	ed Na.
_	E. CASE NO.					
1. (Ty	NAME OF DECEASED pe or Print)			2. DATI	E AND HOUR PRONOUNCE	D DEAD
		RESA	KAMMER		7-13-66	4:15 A. M.
FU	PLACE IN BALTIMORE, MARYLAND, V LL NAME OF (IF NOT IN HOSPIT SSPITAL OR ADDRESS OR LOC	TAL OR INSTITUTIO		Maryland	There deceased lived. If institue. B. COUN	
IN:	NOITUTIT			Baltimore	9-	-09
8	1520 N. SPRING S	TREET		D. STREET ADDRESS (IF		
5. :	SEX 6. RACE	7. MARRIED, NE	VER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
	emale White		rried	Nov. 11,18	185. Inst birthdoys	Months, Doys, Hours, Min.
	A. USUAL OCCUPATION (Give kind of worder during most of working life, even if refired) HOUSEULTE	k 108, KIND OF BU	SINESS OR INDUSTR	00	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME			14. MOTHER'S MAIDEN		us/I
	Frank	Kucera			Barbara V	odicka
	WAS DECEASED EVER IN U.S. ARMEI		SOCIAL SECURITY NO.	17. INFORMANT		
-	No	21	12-26-526	9-B Box. Mr.	Louis Kamme	r (Same)
	1B.	III KA II-	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
31	DISEASE OR CONDITION D					
	(This does not meon the mode of heart failure, asthenia, etc. It mean injury or complication which coused	f dying, e.g., s the discose,	DUE TO	riosclerotic c	ardiovascular d	lisease
	ANTECENDENT CAUS	FS				
	DISEASES OR CONDITIONS, IF	ANY, GIVING	(B)	d0 0 m 0 d pm d m m n 0 0 m m d n m 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
~	UNDERLYING CONDITION LAST.		(C)			
Ó						
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSIN	LATED TO THE				
CERT	19A. DATE OF OPERATION 198. CON WAS PER	NDITION FOR WHI	CH OPERATION	20 A. AUTOPSY? (Yes or	(No) 20B. IF YES, WERE FIN	
EDICAL	21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH,	21B. PLA home, fo etc.)	CE OF INJURY (e.g., rm, foctory, street,	in or about 21C. WHERE D	ND (If in Boltimore City, give R?	e exoct location)
ME	21 D TIME (Month) (Doy) (Yes		NJURY OCCURRED		INJURY OCCUR?	
	(APPROX.)	m. WHIL	E AT NOT	WHILE ORK		
	1 certify that I held an		spection X Au	tapsy and that a	n this basis, death in my	apinian
	resulted from: Natural co	uses X Acci	dent Spicid		Undetermined manner	
	ACTUAL	Son Hou	77. La-	ASSISTANT MEDICAL	_	DATE SIGNED
	SIGNATURE EXAMINER'S) 000	M.B	ASSOCIATE MEDICAL		7-13-66
00	NAME (Type) /RUDIGI	ER BREITEN				
	MOVAL (Specify)	23C. N	AME of CEMETERY		0 1	town, or county) (State)
24	Burial 7/10	5/66 Ho	ly Redeem	er (emetery	Baltimor	e, Md.
241	A. DATE REC'D BY HEALTH DEPT.	248, NAME OF	E Farbartia	Lac. FUNERAL DIREC	Ruch One	Balto.Md. 21214
	1111 1 0 1961	11/10/10/10	- " donor.	Leonald)	· Nuck sile.	Ducco .1110. 21214

the state of the s The state of the second of the THE REAL PROPERTY OF THE PARTY OF THE PARTY

to a state of the same Withe 17, 1986 July 8, 1

a hospital and

0 5,170 5 5	BALTIMORE CITY HEALTH DEP
6 07215	CERTIFICATE OF I

ARTMENT

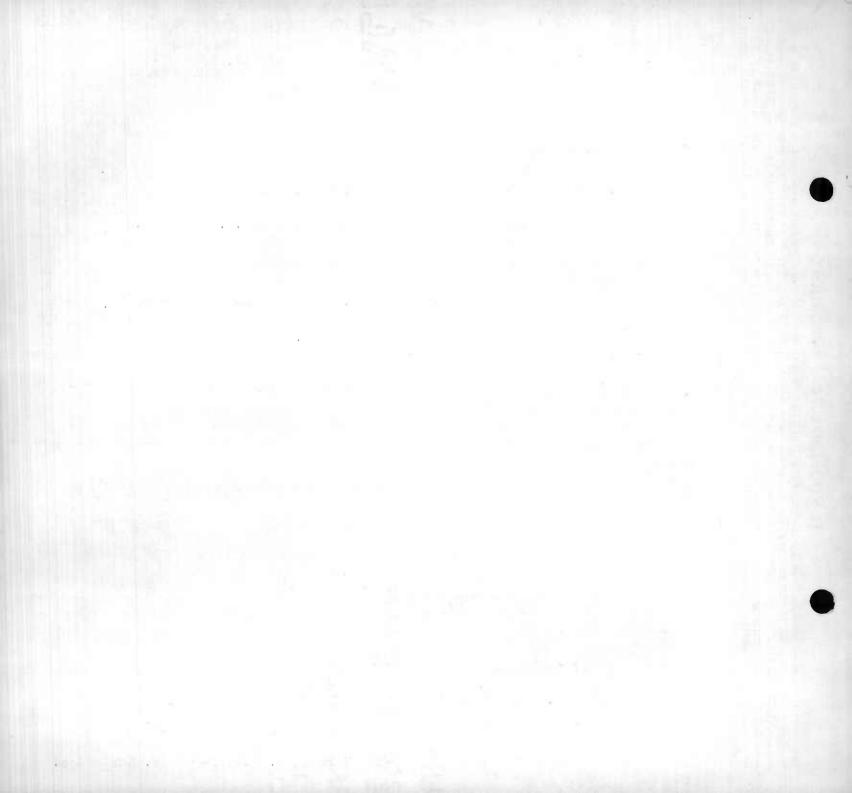
CC UMDAR

NAME OF DEC	EAFED					
		W			ND HOUR OF DEATH	
	rma Letitia I		5		10, 1966	
FULL NAME O	OF (If not in hospital address or lacation	ar institution,	give street	A. STATE B. COUN Maryland C. CITY OR TOWN (If ou	(TY	nstitution: residence before admissia
INSTITUTION				Baltimore	/ '	ACKAL and glad to wiship?
00 5	13 Robert St	reet		D. STREET ADDRESS (III 513 Robert S		
. SEX	6. RACE	WIDOWED	NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs Manths Doys Haurs Min.
Female	Colored	Single		March 21, 1912		
	working life, even if retired)		Security	Winston Salem		12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NA	AAE	DOCTAL	Decuiring	14. MOTHER'S MAIDEN NA		O.D.A.
	ck Jackson Wi	illiams		Susan France		
5. Was Deceased	Ever in U. S. Armed For	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	The state of the s	ADDRESS
Yes		1	4-03-7252	Mrs. Iola Minso	n-3212 Vick	cers Rd.
18. 4	45XI		CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DIE	RECTLY	i n	elaso Hers	MAR BARA	
	nol meon the mode of osthenia, etc. It meons		DUE TO	word 14000	10000012	
injury or cor	nplication which coused	deoth.)	Mali	in not Hunge	Tans 154	2 -00
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH s does not meon the mode of dying, e.g., of foilure, osthenia, etc. It meons the disease, y or complication which coused death.) ANTECEDENT CAUSES (A) Cerebral Herry Cay 2 DUE TO DUE TO DUE TO DUE TO DUE TO					
rise to th	OR CONDITIONS, if e obove couse (A) G CONDITION lost.		(C)		***************************************	
TO THE D	IFICANT CONDITIONS C DEATH BUT NOT RELA CONDITION CAUSING I	TED TO TH				
	F OPERATION 198. CON WAS PERI		WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medical examined	21 B. ham etc.	e, larm, factory, street, at	ar about 21 C. WHERE DID	(II in Baltima)	re City, give exact location)
21 D. TIME OF INJURY (APPROX)	(Manth) (Day) (Year)		INJURY OCCURRED ILE At Not While At Work	21 F. HOW DID INJ	URY OCCUR?	1,11
22. I certify	that (1) (this hospital) attended t	ne deceased fram	7-10-64	19 to	7-10 1966
that (1) (we	lost sow the decease	d olive on	7-10	19/26 and th		inion death occurred on the da
			`	iew the bady after death.	,,, (00., 0)	and deciment of the de
23A. SIGNATI	De Rose	206	M.D. Atte	nding Med.	Staff Phys.	23B. DATE SIGNED
23C. PHYSICIA	G. From V	lin I	Prof	558 Mangar	Lu A Ro	edo, Part.
4A. BURIAL CRE			AME of CEMETERY or CRI	MATORY 24D, L al Cemetery Bal		city, town, or county) (State)
Burial	1/14/00		TIMORE NAULON	25C. FUNERAL DIRECTOR		ADDRESS

Rest & Falley 15 1966

VS 150-REV. 1/1/65

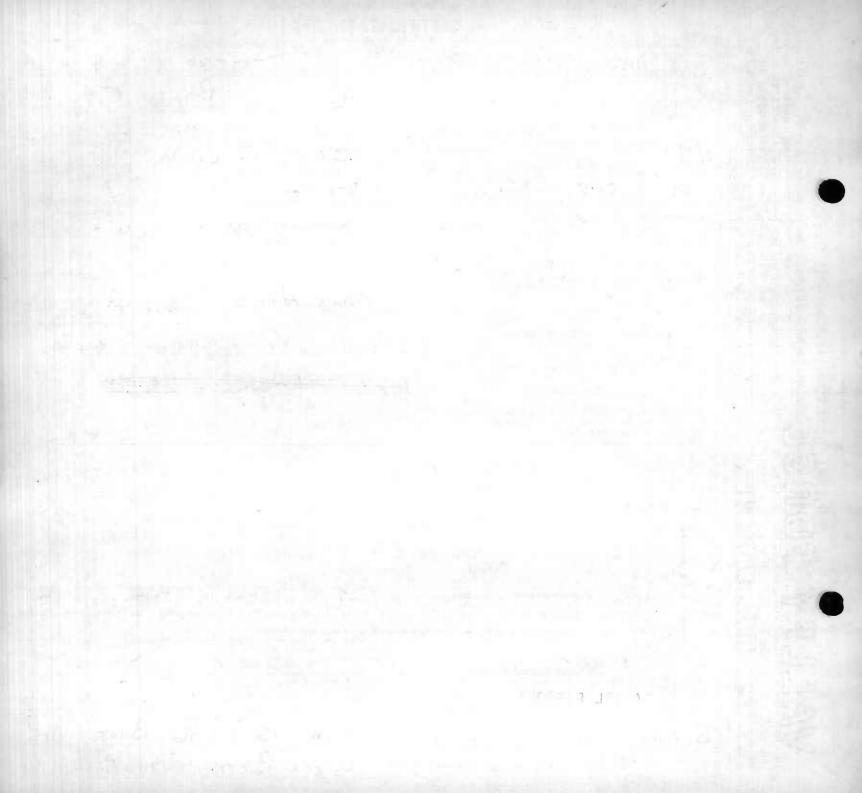
Herbert E. Nutter-3035 W. North Ave.

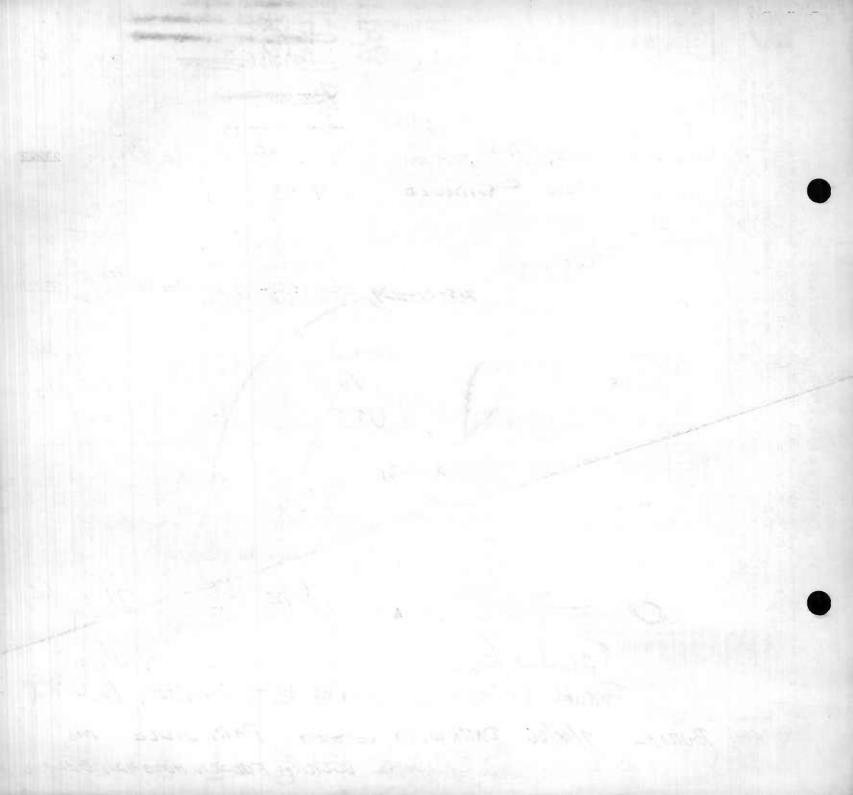


DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65





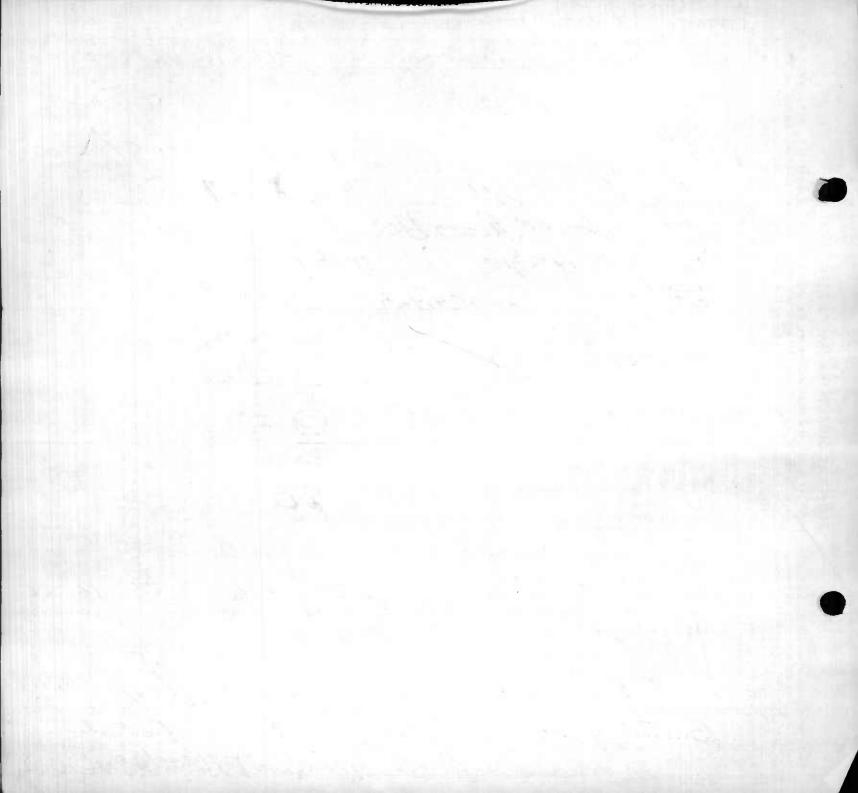
		V	Section	-	-	
73	2	-	0	2		
č	-	0	ع	v		
0	0	S	+	2		
	F	0	=	V 3		
8	•	Ü	0			
.=	-	0		두		
0	0		9	0		
5	0	10	č	0		
5	S	3	8	O		
_	2		0	_		
0	0	0	2	7		
_	-	5	0			
.=	O	0	=	0		
73	2	U	O	÷		
0	+	0	-	0	0	
-	5	Ф	0		0	
5	#	=	=	T	0	
V	-	5	6	0	E	
ŏ	=	-	0	8	S	
~	0	0	-	0		
돈	U	e	C	0	E	
0	-	0	.=	7	.2	
0	0	=	S	_	.=	
O	+	\supset	0	0	S	
4	0	9	3	2	d	
•-	9	2		+	S	
ŧ	:=		2	5	70	
approved by the chief medical examiner or his assistant if death occurred in a hospital and	to the hospital by a medical examiner. Also, if the direct or contributing cause of death	0	=	0	_	
+	0	=	9	m	0	
.2	7	¥	ō	Ü		
SS	+	_		=	Ŧ	
O	+	5	D	0	No.	
W		0	Ce	9	0	
=	0	-	Ē	0	70	
_	S	0	2	ž	0	
0	4	0	0	=	E	
·	-	-	=	_	Ξ	
9	-	2	7	-	0	
č	0	C	0	-	=	
- ==	=	0	_	2	E	
F	2	4	0	0	0	
0	2	4	£	9	0	
×	×	-	5		-	
•	0	3	-			
=		-	6		S	
Ü	8	S	-=	15	•=	
=	Ü	=	.=	0	5	
ě	70	5	5	5	E	
Ē	0	ğ	£	=	0	
-	E	_	۵	0	-	
0		5	45	C	4	
=	0	ŏ	Je		-	
To	-	0	Ŧ	>	0	
6	9	-	a	5	-	
ě	_	4	L	0	4	
+	7	_	0	0	0	
>	£	0	÷	Z	Ф	
9	0	-	3	_	T	
70	S	=	+	9	0	
0	P	0	0	-	,=	
>	_		9	T	0	
5	9	>	×	5	5	
0	÷		0	O	0	
0	0	0)	0 %	(1)	
O	+	4	Ξ	2	Ď	
0	70		+	Ŧ	+	
-0	0	E	· 5	0	S	
+	5	Φ	S	de	2	
5	0	0	0	9	=	
F	-	ū	-	0	=	
-	0	U	0	-	0	
0	IA.	0	+	0	C	
D	0	5	0	-	7	
U	>	4	3	0	0	
4		-	4	-	2	
+	>	5	d	90	0	
0	P			S	5	
U	20	15		0	9	
w	-	5	S	9	=	
=	Je	30	0	0	-	
This certificate must be	the body was released	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 🛪	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	

FUNERAL DIRECTOR: IMPORTANT

BREIN NO. CERTIFICATE OF DEATH CERTIFICATE CERTIFICATE CERTIFICATE CERTIFICATE CERTIFICATE COLUMN II coulded or DEATH COUNTY TO TOWN III coulded or DEATH COLUMN III coulded or DEATH CO	M.E. C	NO. 00 07410	0-1-1-1-0			
NAME OF DECIAID STORY ST	NA AA		CERTIFICA	TE OF DEATH	Registered Na.	bb 0/610
THE NAME OF BEATH IN SECTION OF BUT IN SECTION OF BUSINESS OR NODUSED SECTION OF SECTION		AE OF DECEASED /	UGENIE	Yul	1 15, 190	6 455 p.
TRULL MAKEN OF MARTHUR	. PLA	CE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	le deceased lived. If ins	titution: residence before admission
D. STEET ADDRESS (If rook give leccision) 2625 N. CALLUT ST. NAMERIC NEVER MARRIED 1. MARRIED NEVER MARRIED 1. DATE OF BIRTH 1. DATE	HOS	SPITAL OR oddress or location)	uve street	MARYLAN C. CITY OR TOWN (If our	NO / Iside city limits, write R	URAL ond give township)
MINIST MARNED, NEVER MARRIED (1) D. DATE OF BIRTH (1) Under 17 Yr. If Under 25 Yr. MARRIED, NEVER MARRIED (1) D. DATE OF BIRTH (1) Under 17 Yr. If Under 27 Yr	4	14				
10. USUAL OCCUPATION (Give Find all work) [DB, KIND OF BUSINESS OR INDUSTRY 1]. BIRTHPLACE (State or lowing country) 10. FATHER'S NAME 11. FATHER'S NAME 12. CITIEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS Deceased Two in U. S. Armed Faters? 16. SOCIAL 17. INFORMANT 18. OSCIAL 18. OSCIAL 18. OSCIAL 19.	Un	ion Memorial Hos,	0.			57.
State of the country C	. SEX		, DIVORCED (specify)	11 -16 - 78	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 h Months Doys Hours Min.
15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL SECURITY NO. 17. INFORMANT 2625 N. Calvert St. 20 - 07 - 4778 2625 N. Calvert St. 20 - 07 - 4778 2625 N. Calvert St. 20 - 07 - 4778 27 - 27 - 27 - 27 - 27 - 27 - 27 - 27		uring most of working life, even if retired)	BUŠINESS OR INDUSTRY			WHAT COUNTRY?
S. Was Discossed Ever in U. S. Armed Forces? S. SOCIAL SECURITY NO. 17. INFORMANT SEC						
NO 18. CAUSE OF DEATH Interval Between Onset and doing of service) SECURITY NO. 220-07-4778 Mrs Grace Salt Baltimore, Md. 21218 Interval Between Onset and Death Interval B					A M. T	
THE CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH (I) Myccardial Interval between Onset and Death (II) It does not meen the mode of dying, e.g., heer follow, established, etc. It meens the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if only, giving isse to the obove couse (A) stoting the UNDERLYING CONDITION SCIAL Stoting the UNDERLYING CONDITION SCIAL STOTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING CONSIDERED TO THE DEATH (notify medical examiner) DEATH (instity medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED Work Was PERFORMED 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED Work Was PERFORMED 221D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED Work Was PERFORMED 23A. SIGNATURE M.D. Alterding Med. Stotif Phys. 23B. DATE SIGNED 23C. PHYSICARYS AME (Type) 23D. ADDRESS AME (Type) 23D. ADDRESS 24D. BURIAL CREMATION (24E. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, lown, or county) (Stote)	5. Was Yes, no	orunknown) (If yes, give wor or dotes of service)	SECURITY NO.			vert St.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does nol meen the mode of dying, e.g., heer! failure, asthemic, etc. II meens the disease, injury or complication which coused death, ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE UNDERLYING CONDITION CAUSING IT. 10 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE OR CONTRIBUTING CAUSE OF DEATH! 21 A. ACCIDENT WAS UNDERLYING TO PROVIDE OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH! 22 A. AUXOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIANG CAUSES OF DEATH! 23 A. ACCIDENT WAS UNDERLYING TO PROVIDE OR CONTRIBUTING CAUSE OF DEATH! 24 D. THE (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While A1 Work While A1 No. While A1 Work 24 D. CETTIFY that (I) (this hospital) ottended the deceased from 19 CC ond that in(my) (our) opinian death occurred on the double ond hour and from the couses stated above. (I) (We) (did) (did not) view the bady ofter death. 23 D. ADDRESS M.D. Attending Med. Stuff Director Phys. A. BURIAL CEMATORY 24D. LOCATION (City, low, or county) (State) 24 BURIAL CEMATION, 24B. DATE 24C, NAME of CEMETERY or CEMEMATORY 24D. LOCATION (City, low, or county) (State)	I)B.				Baltimore.	
injury or complication which caused deoth.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 179A. DATE OF OPERATION 179B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21D. DATE OF OPERATION 179B. CONDITION FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., inter about 21C, where DID home, form, loctory, street, office bldg./INJURY OCCUR? OR CONTRIBUTING CAUSE OF home, form, loctory, street, office bldg./INJURY OCCUR? OR CONTRIBUTION 21B. PLACE OF INJURY (e.g., inter about 21C, where DID home, form, loctory, street, office bldg./INJURY OCCUR? OR CONTRIBUTION 21B. INJURY OCCURRED 121F. HOW DID INJURY OCCUR? OR CONTRIBUTION 21B. INJURY OCCURRED 121F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 19 GC ond that in (my) (our) opinion death occurred on the dond hour and from the causes stated above. (I) (We) (did) (did not) view the bady ofter death. 23C. PHYSICIAM'S NAME (Type) 23C. PHYSICIAM'S NAME (Type) 23D. ADDRESS NAME (Type) 23D. ADDRESS NAME (Type) 23D. ADDRESS NAME (Type) 23D. ADDRESS NAME (Type) 24D. LOCATION (City, lown, or county) (State 24C, NAME of CEMETERY or CREMATORY) 24D. LOCATION (City, lown, or county) (State 24C, NAME of CEMETERY or CREMATORY) 24D. LOCATION (City, lown, or county) (State 24C, NAME of CEMETERY or CREMATORY) 24D. LOCATION (City, lown, or county) (State 24C, NAME of CEMETERY or CREMATORY) 24D. LOCATION (City, lown, or county) (State 24C, NAME of CEMETERY or CREMATORY) 24D. LOCATION (City, lown, or county) (State 24C, NAME of CEMETERY or CREMATORY) 24D. LOCATION (City, lown, or county) (State 24C, NAME of CEMETERY or CREMATORY) 24D. LOCATION (City, lown, or county) (State 24C, NAME of CEMETERY or CREMATORY) 24D. LOCATION (City, lown, or county) (Stat	(T)	LEADING TO DEATH	(A) Myo	cardial In	faretion	ONSET AND DEATH
DUE TO DUSEASES OR CONDITIONS, if ony, giving isse to the obove couse (A) stoling the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISASTS OR CONDITION CAUSING IT. OTHER DISASTS OR CONDITION CAUSING IT. DISASTS OR CONDITION SOLITION CONTRIBUTING TO THE DISASTS OR CONDITION CAUSING IT. 20 A. ACCIDENT WAS UNDERLYING ON WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH? 22 A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH? 23 D. ACCIDENT WAS UNDERLYING CAUSE OF DEATH? 24 A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH? 25 PHYSICHAE 26 D. ACCIDENT WAS UNDERLYING CAUSE OF DEATH? 27 D. ACCIDENT WAS UNDERLYING CAUSE OF DEATH? 27 D. ACCIDENT WAS UNDERLYING CAUSE OF DEATH? 28 D. ACCIDENT WAS UNDERLYING CAUSE OF DEATH? 29 D. ACCIDENT WAS UNDERLYING CAUSE OF DEATH? 20 D. ACCIDENT WAS UNDERLYING CAUSE OF DEATH? 21 D. ACCIDENT WAS UNDERLYING CAUSE OF DEATH? 22 D. ACCIDENT WAS UNDERLYING CAUSE OF DEATH? 22 D. ACCIDENT WAS UNDERLYING CAUSE OF DEATH? 22 D. ACCIDENT WA	he	earl foilure, asthenia, etc. 11 means the disease,				
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUXOPSY? (Yes or No) 20A. AUXOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFFING CAUSES OF DEATH? 21D. TAME 21D. TAME 21D. TAME 21D. TAME 22D. TAME 23D. TAME 23D. TAME 23D. ADDRESS NAME (Type) 23C. PHYSICIAN'S NAME (Type) 23C. PHYSICIAN'S NAME (Type) 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS NAME (Type) 24D. LOCATION (City, town, or county) (Stote)		ANTECEDENT CAUSES	DUE TO			жежин фе й фильтов в феф в филь в ф
UNDERLYING CONDITION lost. Variable Continuor Contributions Contribut						THE SHOW AND ADDRESS OF THE SHOW ADDRESS O
THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20			(C)			**************************************
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? 21B. PLACE OF INJURY (e.g., int or obout 21C. WHERE DID home, form, foctory, street, office bidg, INJURY OCCUR? 21D. TIME ON INDERLYING OF INJURY (APPROX.) 22L. I certify that (I) (this hospital) ottended the deceosed from Mork At Work 22L. I certify that (I) (this hospital) ottended the deceosed from 19 CC ond that in (my) (our) opinian death occurred on the dond hour and from the causes stated above. (I) (We) (did) (did not) view the bady ofter death. 23D. ADDRESS NAME (Type) 24D. TAN ZARDAY 24D. DATE SIGNED 24D. NAME (Type) 24D. LOCATION (City, town, or county) (State) (State) 24D. LOCATION (City, town, or county) (State) (State)	Z					
DR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) DR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	ATIO DITA	O THE DEATH BUT NOT RELATED TO THE		120 A O DOYO (V N.	W 208 IF WES WEST S	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) Death (notify medical examiner) Death (notify	SRTIFIE STIFF		VAICH OPERATION	Ves S	IN CERTIFYING CAU	ISES OF DEATH?
21D. TIME OF INJURY OF INJURY (APPROX.) 21E. INJURY OCCURRED While At Work 22. I certify that (I) (this hospital) attended the deceased from July 22. I certify that (I) (this hospital) attended the deceased from July 22. I certify that (I) (this hospital) attended the deceased from July 22. I certify that (I) (this hospital) attended the deceased from July 22. I certify that (I) (this hospital) attended the deceased from July 22. I certify that (I) (this hospital) attended the deceased from July 23. I certify that (I) (this hospital) attended the deceased from July 23. I certify that (I) (this hospital) attended the deceased from July 23. I certify that (I) (this hospital) attended the deceased from July 23. I certify that (I) (this hospital) attended the deceased from July 23. I certify that (I) (this hospital) attended the deceased from July 23. I certify that (I) (this hospital) attended the deceased from July 23. I certify that (I) (this hospital) attended the deceased from July 23. I certify that (I) (this hospital) attended the deceased from July 24. Burlat Cremation, [24B. Date] 24. Burlat Cremation, [24B. Date] 24. Burlat Cremation, [24B. Date] 24C. Name of Cemetery or Crematory 24D. Location 24D. Locatio	V DE	R CONTRIBUTING CAUSE OF home	PLACE OF INJURY (e.g., ie, form, foctory, street, o	in or about 21C. WHERE DID	(If in Baltimore	City, give exact location)
While At Work 22. I certify that (I) (this hospital) attended the deceased from July 19 66 to July 19 66 to 19 66 that (I) (we) lost saw the deceased alive on July 19 66 ond that in (my) (our) opinion death occurred on the d ond hour and from the couses stated above. (I) (We) (dld) (did not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED 23C. PHYSICIANS NAME (Type) ZOL TAN ZARDAYAN 24D. BURIAL CREMATION, (24B. DATE 124C. NAME of CEMETERY of CREMATORY 124D. LOCATION (City, town, of county) (State) (State) 24D. BURIAL CREMATION, (24B. DATE 124C. NAME of CEMETERY of CREMATORY 124D. LOCATION (City, town, of county) (State)	Q 210		INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
22. I certify that (I) (this hospital) attended the deceased fram July 1966 to	>	Whi	le At Not Whi	le		
that (I) (we) lost saw the deceased alive on July 19 CG and that in (my) (our) opinion death occurred on the dond hour and from the causes stated above. (I) (We) (did) (did not) view the bady ofter death. 23A. SIGNATURE Attending Med. Staff Phys. 23D. ADDRESS NAME (Type) ZOLTANZARDAYAN ZARDAY ARDAY M.D. Lithe UN ON MEMORIAL HOSPITAL 24A. BURIAL CREMATION, [24B. DATE [24C. NAME of CEMETERY or CREMATORY [24D. LOCATION] (City, lown, or county) (State	22				10 66 . 1	1 15 1066
ond hour and from the couses stoted obove. (I) (We) (dId) (did not) view the bady ofter death. 23A. SIGNATURE M.D. Attending Med. Staff Phys. 23C. PHYSICHANS NAME (Type) ZOLTANZARDAYAN ZARDAY AND LITTE UNION MEMORIAL HOSPITAL 24A. BURIAL CREMATION, [24B. DATE [24C. NAME of CEMETERY of CREMATORY] [24D. LOCATION] (City, town, of county) (State			T. L.	4 4 4	<	d
23A. SIGNATURE M.D. Attending Med. Staff Phys. Director Phys. 23C. PHYSICIANS NAME (Type) ZOL TANZARDAYAN ZARDAY M.D. LITHE UNION MEMORIAL HOSPITAL 24A. BURIAL CREMATION, [24B. DATE [24C. NAME of CEMETERY of CREMATORY [24D. LOCATION (City, lown, of county) (Stote			0 0		of in (my) (our) opin	ian death occurred on the c
Attending Med. Stoff Phys. 23C. PHYSUCIANS NAME (Type) ZOLTAN ZARDAYAN ZARDAY M.D. Lithe UNION MEMORIAL HOSPITAL 24A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY of CREMATORY 124D. LOCATION (City, lown, of county) (Stoff)			(We) (dld) (did not)	view the bady ofter deoth.		
23C. PHYSICIANS NAME (Type) ZOLTANZARDAYAN ZARDAY M.D. LITTE UNION MEMORIAL HOSPITAL 24A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY of CREMATORY 124D. LOCATION (City, lown, of county) (Stote	234	A. SIGNATURE	44.5	And —		1 -
ZOLTANZARDAYAN ZARDAY M.D. LITHE UNION MEMORIAL HOSPITAL 24A. BURIAL CREMATION, [24B. DATE [24C. NAME of CEMETERY of CREMATORY [24D. LOCATION (City, lower, of county) (Stote		Dollar will	M.D. Phy	ys. Director	Phys.	1/10/66
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote	230	NAME (Type)	RDAY M.D.	23D. ADDRESS UTHE YUN ON M	FMORIAL HO	OSPITAL
PEAAOVAI (Society)	24A. BI		ME of CEMETERY or CR	EMATORY 24D. L	OCATION (City	y, town, or county) (State
Burial 7/19/66 Baltimore Baltimore, Md.	KI		timore		Baltimore, Mo	d.
25A DATE REC'D BY HEALTH DEPT. 25B NAME OF REGISTRAD 25C FUNERAL DIRECTOR ADDRESS	P111	r12 //19/nn bal				
JUL 18 1966 Robert E. Farberna John Broke Inc.		DATE REC'D BY HEALTH DEPT. 258 NAME O	F PEGISTRAP	25C. FUNERAL DIRECTOR		
-MAR DO INGUN - INGUN DO ING)		DATE REC'D BY HEALTH DEPT. 258 NAME O	F PEGISTRAP	25C. FUNERAL DIRECTOR		

TICES IN DESCRIPTION OF

THE STATE OF STATE OF

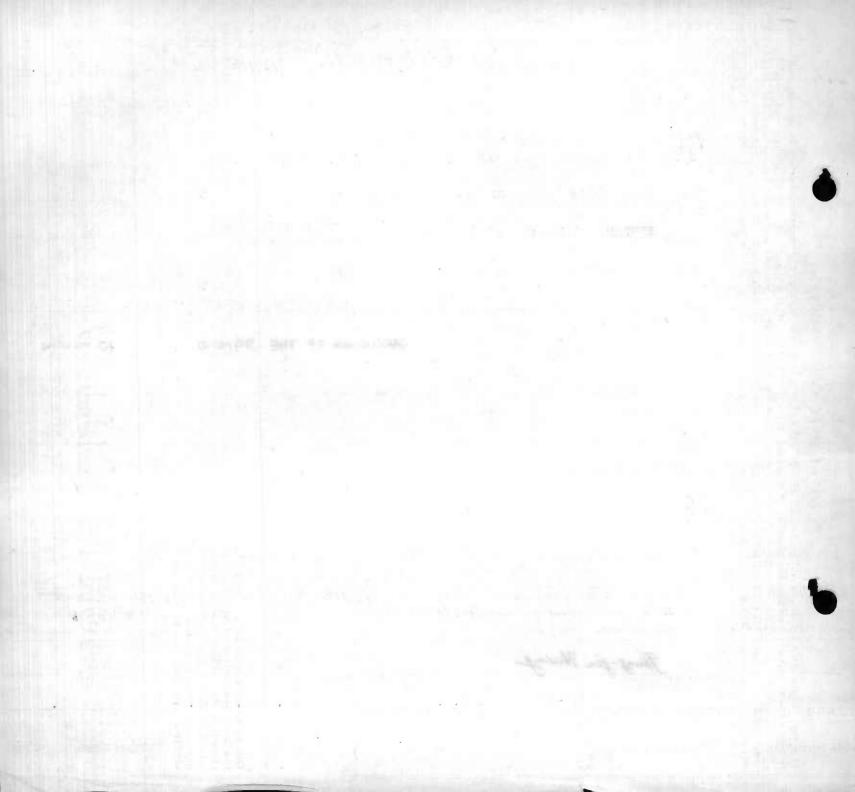


S-640 BIRTH NO. BIRTH NO. BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

BIKIH NO.	MILL	JICAL LA	AMIIIATY 2	LKIIIICAI	LOI	DLAIII Magis	refed files
M.E. CASE NO.							
1. NAME OF DE		MISSIN				ID HOUR PRONOUN	
	EDWAR		SCHROLL		J	uly 16, 196	66 12:55 Pm.
3. PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRONOL	INCED DEAD				nstitution: residence before odmission) DUNTY
FULL NAME OF	(IF NOT IN HOSP	TAL OR INSTITU	JTION, GIVE STREET	Ma	ryland		rite RURAL and give township)
HOSPITAL OR	ADDRESS OR LOC	CATION)		C. CITT OR TOW	N (II outsic	de corporote limits, wi	te KUKAL and give township)
				Ва	1timor	e	1-03
3260	Church Ho	me	DOA	D. STREET ADDRI	ESS (If rurol	, give location)	
797	A STATE OF THE STA	APART - 1		26	03 Ea	stern Avenu	16
5. SEX	6. RACE		NEVER MARRIED DIVORCED(specify)	8. DATE OF BIRTH		9. AGE (In years	
Male.	White		rated	May 6, 19	902	64	
		ork TOR KIND OF	BUSINESS OR INDUST	RY 11. BIRTHPLACE (S	tote or forei	gn country)	12. CITIZEN OF
Retired	working life, even if retired		ore City	Baltimore	Mam	rland	WHAT COUNTRY?
13. FATHER'S NAA		ратода	lore ordy	14. MOTHER'S MA	IDEN NAM	E	
	Paul Schi	-011		Margare	t Smi	h.h	
15. WAS DECEASE	D EVER IN U.S. ARM		16. SO CIAL	17. INFORMANT	THIC OF	V 11	ADDRESS
(Yes, no or unknown	(If yes, give wor or do		SECURITY NO.			0/00 7	
No		The Paris		Catherine	e Grai:	r 2003 Ea	stern Avenue
1B.	0.01	The section of	CAUS	SE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
TO THE DISEASE O	II NIFICANT CONDITION DEATH BUT NOT 1 R CONDITION CAUSI F OPERATION 19 R. CC	RELATED TO T	HE	20A. AUTOPSY?	(Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED
50		ERFORMED		2000 700 000	(100 01 110	IN CERTIFYING CA	
UNDERLYING UTING CAL	L CAUSE WAS OR CONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., form, foctory, street,	, in or obout 21C. W office bldg., INJURY	HERE DID OCCUR?	(If in Boltimore City,	give exact location)
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yo		VHILE AT NOT AT	WHILE WORK	M DID INI	URY OCCUR?	
22. 1 cer	tify that I held an	Inquiry 🗌	Inspection X A	utopsy ond	that an th	is bosis, death In	my opinian
	Ited from: Natural c		ccldent Sulci			Undetermined man	
		2 4	/			XAMINER X	
ACTUA SIGNAT		Tru	rev M.				DATE SIGNED
EXAMINAME (ER'S Russ	e11 S. F:	isher, M.D.	ASSOCIATE ME	EDICAL E	XAMINER	July 17, 1966
23A, BURIAL CRE REMOVAL (Specif		23	C. NAME of CEMETERY	or CREMATORY	100		ity, town, or county) (Stote)
Burial	7-20-		Oak Lawn				inty, Maryland
24A. DATE REC'D	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNERA	L DIRECTO	R	ADDRESS
18/3		0 0 0	OTO	Lilly	& Zeil	er Inc. 19	201-07 Eastern Ave.
VC 151 5514 14	JUL 18 196	5 (1)	THE STREET				
V\$ 151-REV. 1/1/	#JUL 18 196	6 Re	5 2 Falley	Lilly	& Zeil	er Inc. 19	01-07 Eastern A

Son war aroutyles College Transport Coll Santantine dell' al e de la companya d TOTAL MANY CONTROL STORES THE RESIDENCE OF THE STREET OF THE STANDARD AT THE

	66 0722	21		Y HEALTH DEPARTME		66 0722
M.E. CASE NO.			CERTIFICA	ATE OF DEAT	H Registered N	10. <u>00 0166</u>
1. NAME OF DE (Type er Print)	Stefan S	Szymanski	(SZYMAN	VSKYJ) 7	15/66	TH 5.25
FULL NAME HOSPITAL OF	DF (If net in hespital	er institutien, give	e street	A. STATE B. Maryla	and 2	ite RURAL and give township)
43				Baltin D. STREET ADDRESS	(If rurol, give location)	
SOUTH I	BALTIMORE GENE	ERAL HOSPI	TAL	1606 Cypres	s Street	
5. SEX	6. RACE	7. MARRIED, NI		B. DATE OF BIRTH	9, AGE (In years last birthday)	If Under 1 Yr. If Under Months Deys Hours
Male	White	Marrie	d	4/25/03	63	2073
done during mast e	CUPATION (Give kind of were of werking life, even if retired)	RUBE	BER _	UKRAIN		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA	LABORE LABORE	K IND	USTRY	14. MOTHER'S MAIDE		JAKRAINE
Joseph 5. Was Decease Yes, ne er unknov	Szymanski d Ever in U. S. Armed Fe vn) (If yes, give wer er dat	rces? 1 (es ef service)	5. SOCIAL SECURITY NO.	EVA 17. INFORMANT	. 1606 C	YPRESS ADDRESS ST. D. M.D. 2122
18. 15	3.31	14	CAUSE	OF DEATH	SHI BRETT	INTERVAL BETWE
	ASE OR CONDITION DE		CAR		- 500	ONSET AND DEA
(This does	LEADING TO DEATH		(A) (AKC	INONA OF THE	= 314M01D	10 months
heart failure	, asthenio, etc. It means implication which coused	s the disease,				
rise to I	OR CONDITIONS, if he above cause (A) IG CONDITION lost.	sleling the	(C)			
OTHER SIGN	NIFICANT CONDITIONS (DEATH BUT NOT REL. R CONDITION CAUSING	ATED TO THE	1-6-90			
1 2		RFORMED	ICH OPERATION	20A. AUTOPSY? (Yes	er Ne) 208. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRI	ENT WAS UNDERLYING DUTING CAUSE OF fy medicel examiner	21 B. PL home, etc.)	ACE OF INJURY (e.g., form, loctory, street,	in or ebout 21 C. WHERE Inflice bldg., INJURY OCC	DID (If in Boltin UR?	nore City, give exect lecetion)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeer)	(Heur) 21 E. IN While Werk	AI Not Wh	21 F. HOW DI	D INJURY OCCUR?	
22. I certif	y that (M) (this hospita	I) attended the	deceased fram	7/13/66	19 ta 7/	15/66 19
	e) last saw the deceas and from the causes sta				ind that in 1992) (our)	opinion death occurred on t
23A. SIGNAT			(, (1,01)	230, 31131 0		23 B. DATE SIGNED
7	ung-jen Huas	7		tending Med.	Stoff Phys. X	7/15/66
23C. PHYSICI	AN'S			23D. ADDRESS		1,-5,00
TANKE !		N HUANG,	M.D. M.D.	South Balto.	Gen. Hosp	1213 Light, St.
4A. BURIAL CR	EMATION, 24B. DATE		E el CEMETERY er CI	REMATORY	24D. LOCATION	(City, tewn, or ceunty)
BURIT	94 7-18-	66 HOL	Y CROSS	CEM.	HNNE AR	UNDEL CO.
25A. DATE REC'	JUL 18 1961	258 NAME OF		25C. FUNERAL DIR	ECTOR 2	ADDRESS
		Volen	C, Coursey Fra	w. Jeally	owski X	IU I CASTERN
150-REV. 1/1	/65			WIFIALKO	nWSKI BH	7LTO-MA.212

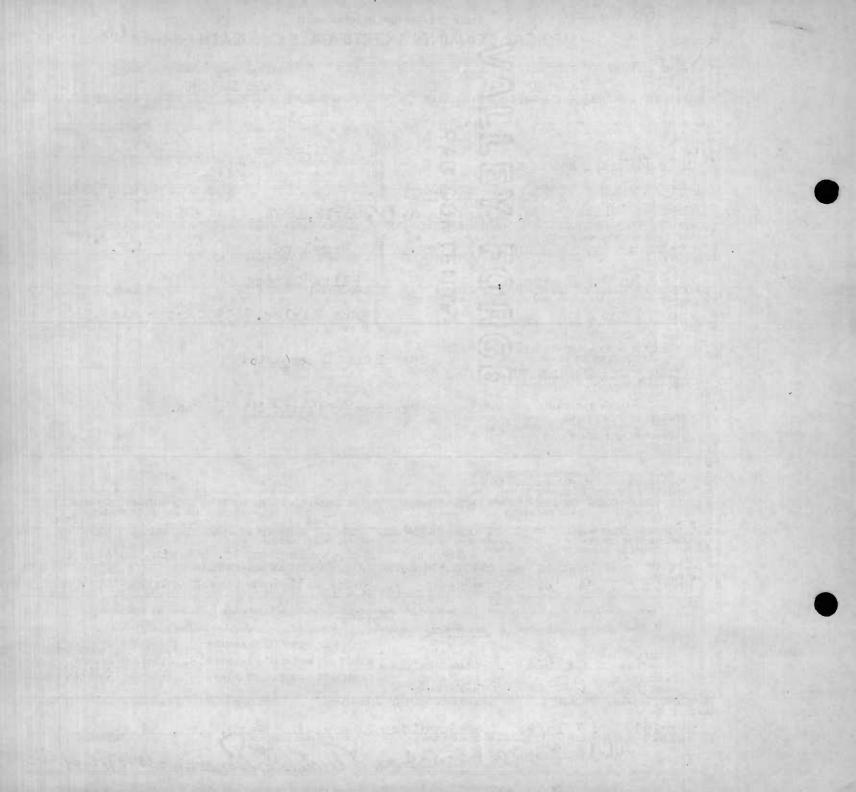


N 806,2

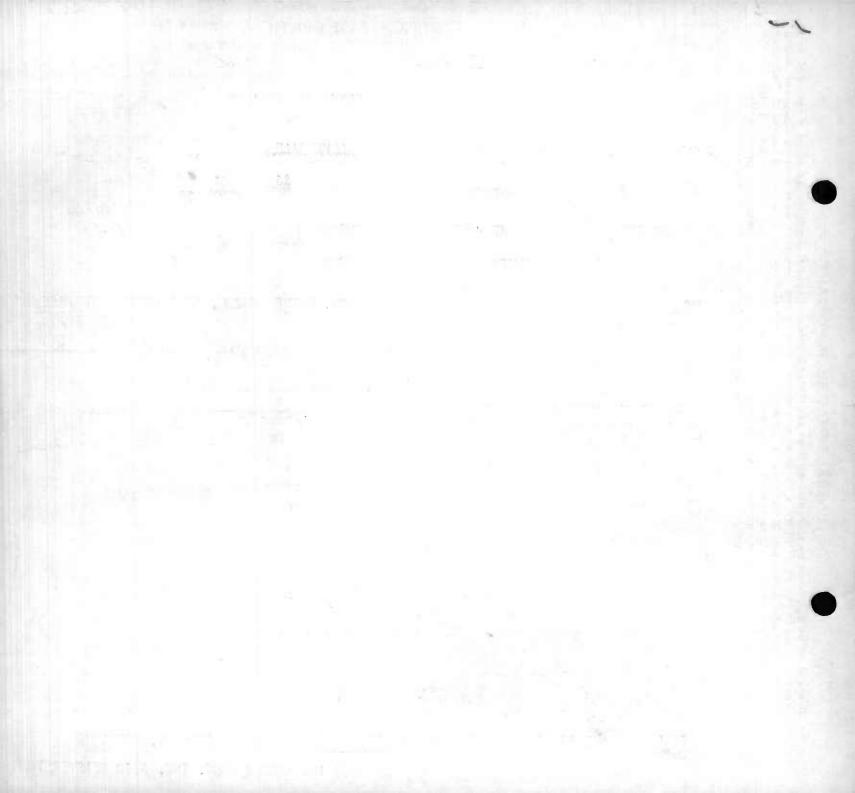
T-512 BIRTH NO.

MEDICAL	BALTIMORE CITY HEALT EXAMINER'S CE	RTIFICATE OF	DEATH Registered No. 66	0722
		2. DATE A	ND HOUR PRONOUNCED DEAD	

M.E. CASE NO.							
1. NAME OF DE			The January of the State of the			HOUR PRONOUNCED DEA	AD
	LAWRE		THOMPSON			1966	11:50 A _M .
3. PLACE IN BAL	TIMORE MARYLAND,	WHERE PRONOU	INCED DEAD	4. USUAL RESID	ENCE (Where dec	eosed lived. If institution: B. COUNTY	residence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITU ATION)	ITION, GIVE STREET	C. CITY OR TOV		orporote limits, write RURA	L ond give township)
144					timore	, , , ,	00
Union M	lemorial Hosp	ital			ress (If rurol, given 12 Reswick		
5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRT	Н	9. AGE (In years If Ur lost birthday) Mont	nder 1 Yr. If Under 24 Hrs. hs, Days, Hours, Min.
Male	White	Separa		July12,	1897 (State or foreign c	69	TIZEN OF
	working life, even if retired)		2 0	Mary]	Land		HAT COUNTRY?
13. FATHER'S NAM	A E			14. MOTHER'S M	AIDEN NAME		
Jo	hn A. Thom	ipson.	D (co c) a)	Eliza 17. INFORMANT	Gates	ADDI	DE CC
	(If yes, give wor or do		16. SO CIAL SECURITY NO.	IV. INFORMANT		ADD	KE22
no	no		P	Edna Sa	aylor.56	33 Carter A	ve# 14
1B.	00127		CAUS	E OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION D	DIRECTLY					ONSET AND DEATH
	LEADING TO DEAT	Н	(A) Spina	L Cord Com	préssion		
he ort foilure	not meon the mode of southernoon which coused mplication which coused	is the diseose,	DUE TO				
	ANTECENDENT CAUS	ES	Frant	ture of Ce	rvical Ve	rtehrae	
DISEASES	OR CONDITIONS, IF	ANY, GIVING	DUE TO	ture or de	IVICAL VE	it cept ae .	
	IE ABOVE CAUSE (A) NG CONDITION LAST						
Z			(C)	•••••	• • • • • • • • • • • • • • • • • • • •		
Ĕ	li li						
O THE	NIFICANT CONDITION DEATH BUT NOT R OR CONDITION CAUSIN	ELATED TO T				***************************************	
19A. DATE O	F OPERATION 198. CO	NDITION FOR V	WHICH OPERATION	20A. AUTOPSY		B. IF YES, WERE FINDING	
02	WAS PE	RFORMED		Yes	IN	CERTIFYING CAUSES OF	DEATH? Yes
ZIA, EXTERNA	L CAUSE WAS	21B,	PLACE OF INJURY (e.g.,	in or obout 21C.	WHERE DID (If i	n Boltimore City, give exoc	et location)
	XOR CONTRIB-	etc.)	Street			r. & Remingto	
Z 21D TIME	(Month) (Doy) (Ye	ar) (Hour) 2	TE. INJURY OCCURRED		OW DID INJURY		TI TIVETIGE
OF INJURY	7 14 '6						gutter. /2 - 7
22,	7 1-7 0	m. V	VORK L AT V	VORK			/ / / / / / / / / / / / / / / / / / / /
	tify that I held an	Inquiry	Inspection Au	topsy X an	d that an this l	basis, death in my apir	nlon
resu	lted from: Natural c	ouses A	colden X Suici	de Homici	ide Und	letermined manner	
I KIRTER			17-	CHIEF M	EDICAL EXAM	MINER	DATE SIGNED
SIGNAT	URE () (ale 5	Peren M.	ASSISTANT M	EDICAL EXAM	MINER 🖾	DATE SIGNED
EXAMIN NAME (VER'S Charal		tty, M.B.	-	MEDICAL EXAM		7/14/66
23A. BURIAL CRE	MATION, 23B. DATE	230	C. NAME OF CEMETERY	or CREMATORY	23D. LOC	ATION (City, town,	or county) (Stote)
Buria	1 7/18	166 N	leadowridge	Memoria	1 Was	h.Blvd. Md	
24A. DATE REC'D	BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C, FUNER	AL DIRECTOR	3	ADDRESS
	JOL 18 196	10 P.D.	BE. Farbaga	· Vlui	tin/EX	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	18 Roland ave
V\$ 151-REV. 1/1/	/65	300	- Control H	- Creat	NO ON	ONZOUN/ -	1/



NAME OF DECEASED	KRE	TE OF DEATH		
ype or Print)	05:00		D HOUR OF DEATH	. 3 15 4
PLACE OF DEATH IN BALTIMORE, MARYLAND	REmen			3. 156.
TENCE OF DEATH IN PREIMORS MAKEAND		A. STATE B. COUN	TY	silionon: residence before domissio
FULL NAME OF (If not in hospital or institution address or location)	n, give street	C. CITY OR TOWN. (If out		1-11
INSTITUTION		Baltimo		URAL and give township)
12 (1/2 2:	TO		rural, give facation)	
Sinai Hospi	IHL	MATRIMANIAM	nursing	Home
	D, NEVER MARRIED (ED, DIVORCED (specify)	8. DATE OF BIRTH 86	9. AGE (In years)	If Under 1 Yr. If Under 24 Hr Manths: Doys Hours Min.
r W WI	I DOW	7. 20. MMM	MAMM 79	
DA. USUAL OCCUPATION (Give kind of work 108, KIND one during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	T HOME	RUSSIA		U.5A
. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
? HYAT	Τ	DORA	?	
. Was Deceased Ever in U. S. Armed Farces? es, no or unknown](If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	Shirt Late	ADDRESS
NO		MRS. ESTHER	MAZOH. 6600	I VYDENE TERRACE
18. 442 0.1	CAUSE OF			INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	1	of M	1001	ONSET AND DEATH
LEADING TO DEATH	(A), 77 C	cute Myoca	rdial vn/a	rot:
(This does not meon the made of dying, e.g. heart failure, osthenia, etc. It means the diseas	g., DUETO		0	
injury at camplication which coused death.)	Ast	Ria coloration	hoart.	
ANTECEDENT CAUSES	DUE TO	- and a comment	a au	
DISEASES OR CONDITIONS, if any, givin	g (C)	direa	20-	
UNDERLYING CONDITION lost.	(0)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI				
TO THE DEATH BUT NOT RELATED TO				- C - 100
TO THE DEATH BUT NOT RELATED TO 1 DISEASE OR CONDITION CAUSING IT.	THE	20A. AUTOPSY2 (Yes or No) 20R IF YES WERE	INDINGS CONSIDERED
TO THE DEATH BUT NOT RELATED TO 1 DISEASE OR CONDITION CAUSING IT.	THE	20A. AUTOPSY? (Yes or No	208, IF YES, WERE F	INDINGS CONSIDERED
TO THE DEATH BUT NOT RELATED TO 1 DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 2	THE R WHICH OPERATION 18. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID		INDINGS CONSIDERED USES OF DEATH? City, give exact location)
TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 7 OR CONTRIBUTING 7 CAUSE OF 19B. CAUSE OF	THE WHICH OPERATION	or obout 21 C. WHERE DID		
TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 20 OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Year) (Hour) 21	THE R WHICH OPERATION 18. PLACE OF INJURY (e.g., in ame, form, factory, street, af	n or obout 21 C. WHERE DID	(If in Baltimore	
TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 20 OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Year) (Hour) 21D. TIME (Manth) (Day) (Year) (Hour)	THE R WHICH OPERATION 18. PLACE OF INJURY (e.g., in ame, form, factory, street, affic.) SE INJURY OCCURRED While At Not While	n or obout 21 C. WHERE DID in JURY OCCUR?	(If in Baltimore	
TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 20 OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Year) (Hour) 21D. TIME (Manth) (Day) (Year) (Year)	THE R WHICH OPERATION 18. PLACE OF INJURY (e.g., in ame, form, factory, street, affice.) RE. INJURY OCCURRED White At Not White At Work	n or about 21 C. WHERE DID injury OCCUR?	(If in Baltimore	City, give exact location)
TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 20 OR CONTRIBUTING CAUSE OF DEATH (notify medicat examiner) 21D. TIME (Manth) (Day) (Year) (Hour) 21 OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended	THE R WHICH OPERATION 18. PLACE OF INJURY (e.g., in ame, form, factory, street, affic.) TE. INJURY OCCURRED While A1 Not While A1 Work the deceased fram	an or obout 21 C. WHERE DID in or obout 21 C. WHERE DID in JURY OCCUR?	(If in Baltimore	City, give exact location)
TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 20 OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Year) (Hour) 21 OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive an	THE R WHICH OPERATION 18. PLACE OF INJURY (e.g., in ame, form, factory, street, affic.) SE. INJURY OCCURRED While At Not While At Work the deceased fram	21F. HOW DID INJ	(If in Baltimore	City, give exact location)
TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 20 OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Year) (Hour) 21 OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive an and haur and from the causes stated above.	THE R WHICH OPERATION 18. PLACE OF INJURY (e.g., in ame, form, factory, street, affic.) SE. INJURY OCCURRED While At Not While At Work the deceased fram	21F. HOW DID INJ	(If in Baltimore	City, give exact location)
TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 20 OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Year) (Hour) 21 OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive an	THE R WHICH OPERATION 18. PLACE OF INJURY (e.g., in ame, form, factory, street, affic.) SE INJURY OCCURRED While At Not While At Work the deceased fram (I) (We) (did) (did not) v	21F. HOW DID INJ	Off in Baltimore URY OCCUR? 9to	City, give exact location)
TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 20 OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Year) (Hour) 21 OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive an and haur and from the causes stated above.	THE R WHICH OPERATION 18. PLACE OF INJURY (e.g., in ame, form, factory, street, affic.) SE INJURY OCCURRED While At Not While At Work the deceased fram (I) (We) (did) (did not) v	21F. HOW DID INJ	(If in Baltimore	City, give exact location) 7. / 4 · 66 19
TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Year) (Hour) 21D. TIME (Manth) (Day) (Year) (Hour) 22 (APPROX.) 22. I certify that (I) (this hospital) attended that (I) (we) lost saw the deceased alive an and haur and from the causes stated above. 23A. SIGNATURE	THE R WHICH OPERATION 18. PLACE OF INJURY (e.g., indice). 18. INJURY OCCURRED While At Not While At Work 19. At Work (I) (We) (did) (did not) v M.D. Atter Physical Attention of the physical Att	21F. HOW DID INJ	(If in Baltimore URY OCCUR? 9ta at in(my) (our) apir	City, give exact location) 7. / 4 · 66 19
TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 20 CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Year) (Hour) 21D. TIME (Manth) (Day) (Year) (Hour) 21D. TIME (Manth) (Day) (Year) (Hour) 22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive an and haur and from the causes stated abave. 23A. SIGNATURE	THE R WHICH OPERATION 18. PLACE OF INJURY (e.g., indice). 18. INJURY OCCURRED While At Not While At Work 19. At Work (I) (We) (did) (did not) v M.D. Atter Physical Attention of the physical Att	21F. HOW DID INJ 21F. H	(If in Baltimore URY OCCUR? 9ta at in(my) (our) apir	City, give exact location) 7. / 4 · 66 19
TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 2 OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Year) (Hour) 21D. TIME (Manth) (Day) (Year) (Hour) 22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive an and haur and from the causes stated abave. 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	THE R WHICH OPERATION 18. PLACE OF INJURY (e.g., indice). 18. INJURY OCCURRED While At Not While At Work 19. At Work (I) (We) (did) (did not) v M.D. Atter Physical Attention of the physical Att	21F. HOW DID INJ And Director	(If in Baltimore URY OCCUR? 9ta at in(my) (our) apir	City, give exact location) 7. / 4 · 66 19
TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT. 2 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 2 1A. ACCIDENT WAS UNDERLYING 20 OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 2 1D. TIME (Manth) (Day) (Year) (Hour) 21 OF INJURY (APPROX.) 2 2. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive an and haur and from the causes stated abave, 23A. SIGNATURE 2 3C. PHYSICIAN'S NAME (Type) 4A. BURIAL CREMATION, REMOVAL (Specify) 2 4B. DATE 24C.	THE R WHICH OPERATION 18. PLACE OF INJURY (e.g., in ame, form, factory, street, offic.) SE INJURY OCCURRED While A1 Not While A1 Work the deceased fram (I) (We) (did) (did not) v M.D. Atterhys OCOORE M.D.	21F. HOW DID INJ And Director And Director AND ADDRESS	OCATION (Cit	City, give exact location) 7. 14.66 19 nion death accurred on the diagram of th
TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 2 OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Year) (Hour) 21D. TIME (Manth) (Day) (Year) (Hour) 22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive an and haur and from the causes stated abave. 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	THE R WHICH OPERATION 18. PLACE OF INJURY (e.g., in ame, form, factory, street, offic.) SE INJURY OCCURRED While A1 Not While A1 Work the deceased fram (I) (We) (did) (did not) v M.D. Atterhys OCOORE M.D.	21F. HOW DID INJ And Director	Off in Baltimore URY OCCUR? 9to pt in(my) (our) apir Stoff Phys	City, give exact location) 7. 14.66 19 nion death accurred an the d 23B. DATE SIGNED 7. A L y, town, or county) (State)



W-10 MRTH NO. 66 U7224

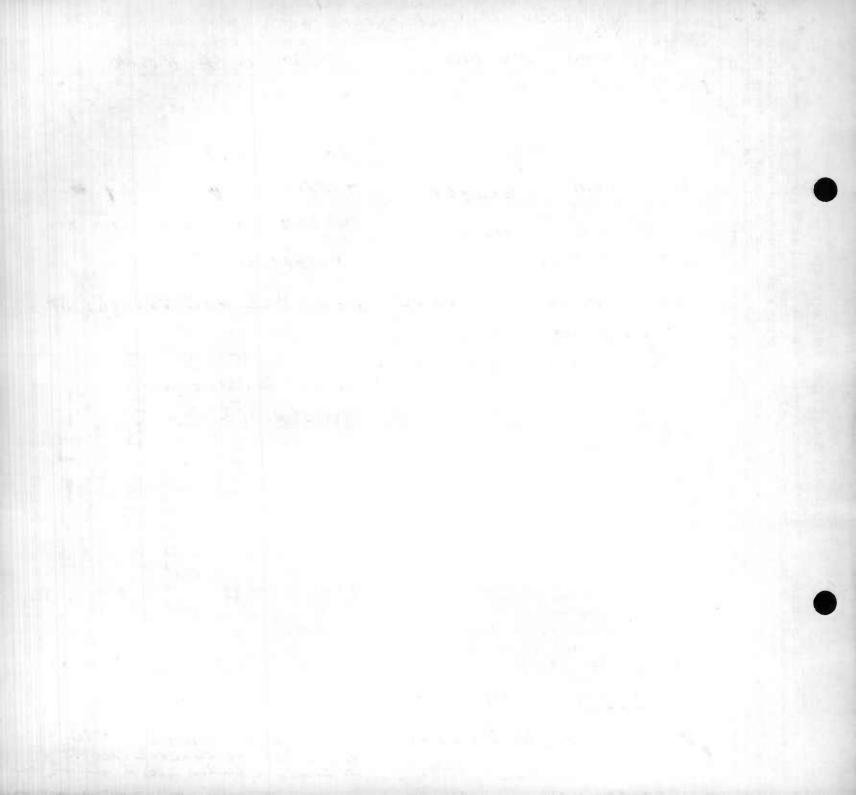
	TH NO. E. CASE NO.	WEDI	CALEX	AMINER 5 CI	KIIFICA	IE OF D	EAIT Register	ed No.
1.	NAME OF DECEA	CECELI	A A.	WEBB			HOUR PRONOUNCE	9:15 P
3, 1	PLACE IN BALTIM	ORE MARYLAND, W	HERE PRONOU	NCED DEAD	A. STATE	ENCE (Where do	eceosed lived. If instit B. COUI	tution: residence before odmission)
FU HC	LL NAME OF	(IF NOT IN HOSPITA ADDRESS OR LOCA	L OR INSTITUTION)	TION, GIVE STREET	C. CITY OR TO		corporate limits, write	RURAL and give township)
3	Johns	Hopkins Ho	spital		D. STREET ADD	RESS (If rurol, g	ive locotion) ing Court	57
5. :	Female 6.	White	WIDOWED, D	NEVER MARRIED DIVORCED (specify)	July 13		9. AGE (In years lost birthday)	If Under 1 Yr, If Under 24 His. Months, Doys, Hours, Min.
don	e during most of work Housewi	ing life, even if retired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE Bal	(Stote or foreign		12. CITIZEN OF WHAT COUNTRY? USA
13.	FATHER'S NAME				14. MOTHER'S M			
15		Lliam Cavey	FORCES?	16. SO CIAL	Uni	cnown Cla	rk	ADDRESS
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no or unknown) (If yes, give wor or dotes of service) NO				Mrs. Doro	othy Does	ing 1100	E. Fort Ave
	18 _v /	7 30 4		C AU SE	OF DEATH	301.5		INTERVAL BETWEEN
CERTIFICATION	DISEASES OR RISE TO THE A UNDERLYING OTHER SIGNIFI TO THE DE DISEASE OR C	ECENDENT CAUSE CONDITIONS, IF A BOVE CAUSE (A) ST CONDITION LAST. II CANT CONDITIONS ATH BUT NOT REI ONDITION CAUSING	NY, GIVING THE ATING THE CONTRIBUTION ATED TO THE IT.	HE Diab	etes Mell			
٠.	O DATE OF O	WAS PER		WHICH OPERATION	No	111	N CERTIFYING CAUS	IDINGS CONSIDERED
MEDICAL	21 A. EXTERNAL CUNDERLYING OF	R CONTRIB-	218. home, etc.)	PLACE OF INJURY (e.g., form, foctory, street, c	ffice bldg., INJUR	Y OCCUR?	in Boltimore City, giv	e exact location)
2	OF INJURY (APPROX.)	Month) (Day) (Year	V	HE. INJURY OCCURRED WHILE AT NOT AT W	WHILE	OM DID INJUI	RY O C C U R?	
		that I held on I		Inspection X Aut	e Homici	ide U	bosis, death in m	
	ACTUAL SIGNATUR		reles 1 /	elly M.D.	ASSISTANT M		AMINER 🗵	DATE SIGNED 7/14/66
	EXAMINER NAME (Typ	charles	S. Pet	ty, M.D.	ASSOCIATE N			
RE.	MOVAL (Specify)			C. NAME OF CEMETERY	r CREMATORY	23 D. LO	CATION (City,	town, or county) (Stote)
24	Burial	7 18 1	966	Western	24C ELINED	AL DIRECTOR	alto. Md.	ADDRESS
24.	A. DATE REC'D BY	JL 18 1966	Robert	Western of REGISTRAR E. Farbeyna		Cully	130	E. Fort Ave
VS	151-REV. 1/1/65				The state of the s			

. . AND THE RESERVE THE Lend William T. Religion NOTICE LEGICAL PROPERTY.

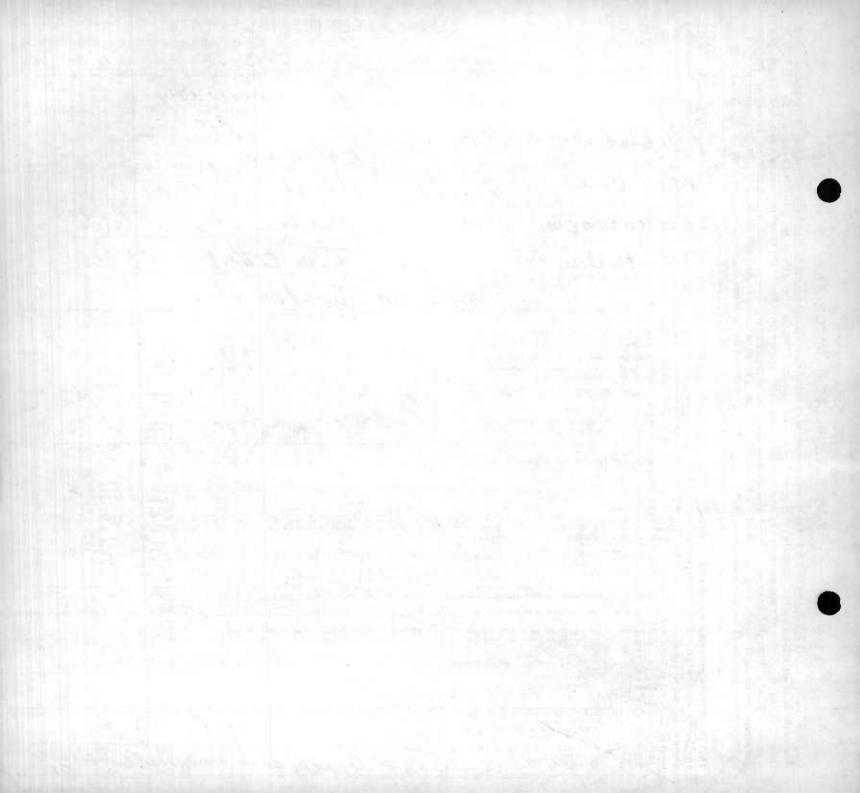
1.52 At part made Adversor a division in or the prostler to where a comment in the 10th many with my 19 and le IMPORTAN

DIRECTOR:

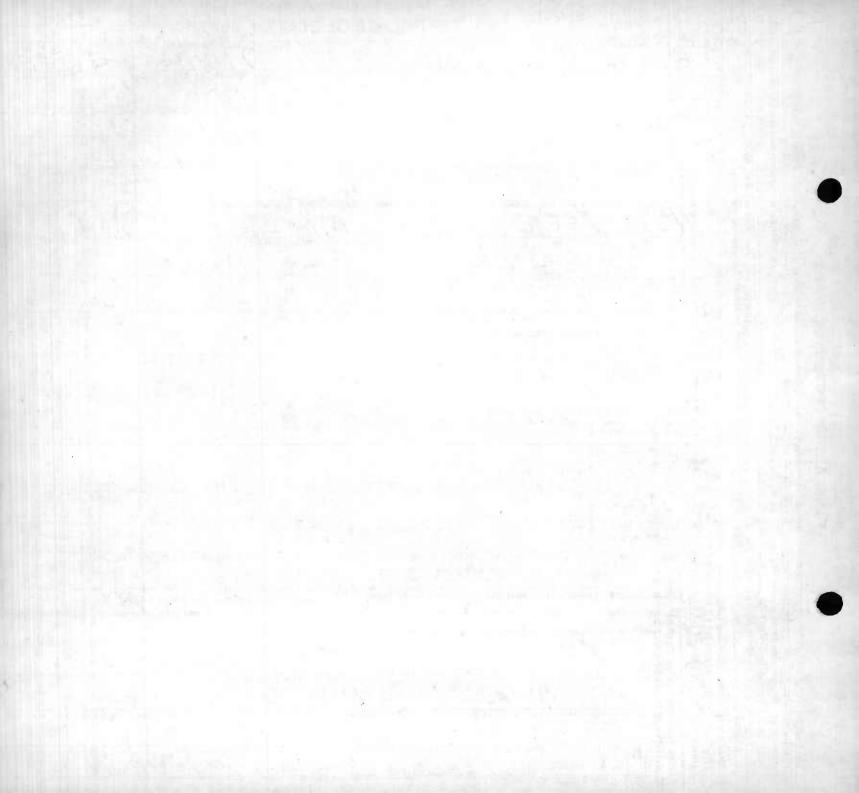
FUNERAL



CC DESCO	BALTIMORE CITY	HEALTH DEPARTMENT		66 07227
BIRTH NO. 66 U7227	CERTIFICA	TE OF DEATH X	Registered Na	00 017441
M.E. CASE NO.			HOUR OF DEATH	
(Type or Print)	Markan Tr			1 1/1000 1
3. PLACE OF DEATH IN BALTIMORE MARY	la a Kessy, Ur.	7-/3		4.05 A. N
or takes of bastin in bastinions make	,	A. STATE B. COUNTY	- 1	Jiiun: residence belufe damission
	institution, give street	Md. BA	100 CTTY	13440
HOSPITAL OR oddress or location)			le city limits, write RUR	
11811 11/20	e Han	404 Celeste	Are. E.	SSEX MA
48 Maryland Gen's	C 17 0393.	D. STREET ADDRESS (If rure	al, give location)	
		BALTO Md		53
5. SEX 6. RACE 7.	MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years	Under 1 Yr., If Under 24 Hrs
5. SEX 6. RACE 7.	MOVICED (specify)	1/20/88 00	st birthday)	anths Days Hours Min.
IDA. USUAL OCCUPATION (Give kind of work)	/ -	11. BIRTHPLACE (State or foreign	country	2. CITIZEN OF
done during most of working life, even if retired)		- n-1	011	WHAT COUNTRY?
et - ESSO STAND. OILEG	£550	Balts.	food,	U.S.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
John Mackess, J		Rosie O'N	10,1	Balk
5. Was Deceased Ever in U. S. Armed Force		17. INFORMANT		ADDRESS
Yes, no ar unknown) (If yes, give wor or dates	of service) 6. SOCIAL SECURITY NO.	- INFORMANT	11	WDDKE33
	215-05-8787	Jon on	tom	
18. 15-44 VI	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIREC	TLY /2			ONSET AND DEATH
LEADING TO DEATH	10) (2	Priton	fin	100
(This does not mean the made of d				
hearl failure, asthenia, etc. It means the injury or camplication which caused d				
ANTECEDENT CAUSES	(B)			
	DUE TO	2		
DISEASES OR CONDITIONS, if an rise to the above cause (A) s		arcinemy reclos	sund	
UNDERLYING CONDITION last.	(C)	J. 1. 2. 2. 1. 1. 2. 21. 1. 3	Jane 1	
OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING			
TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.	D TO THE			
U 19A DATE OF OPERATION 198 CONDI	TION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINI	DINGS CONSIDERED
E / 6-28-66 WAS PERFO	RMED Caremin greifosign	A	IN CERTIFYING CAUSE	S OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF/INJURY (e.g., i		(If in Boltimore Ci	ty, give exoct locotion)
OR CONTRIBUTING CAUSE OF	hame, farm, factory, street, o	ffice bldg. INJURY OCCUR?		,, ,, ,,
U STATE OF THE STA	erc.,			
OF INJURY (Month) (Day) (Year)	Hour) 21E INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
(APPROX)	White At Not White Work At Work	le 🗌		
22 1		27 June 10	1.1	3.7
22. I certify that (1) (this hospital)	12		66 10 /3	7
that (I) (we) last saw the deceased			In (my) (our) apinia	n death accurred an the dat
and haur and from the causes stated	l abave. (1) (We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE	1		23	B. DATE SIGNED
1/2016		ending Med. St	off lys. X	13 Jul 66
23C. PHYSICIAN'S	Phy		ys. (\$C.)	10000 06
NAME (Ixpe)	no 1	23D. ADDRESS		
DEAN H.	9K11-1-1N M.D.			
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. LOC	ATION (City,	own, ar county) (State)
REMOVAL (Specify)	Och Land	Bal	16. Co. C	ml.
Surial 1/16/66	Vac Caur	L CONTRACTOR OF THE PARTY OF TH	101-00,	ADDOCC
JUL 18 1966	B. NAME OF REGISTRAR	Connelly Son	200 200-	Due Golfo,
20F TO 1909 ()	Colert E. tarberma	Jonnelly sone	300 Mace	Cur. 31
VS 150-REV. 1/1/65		A		



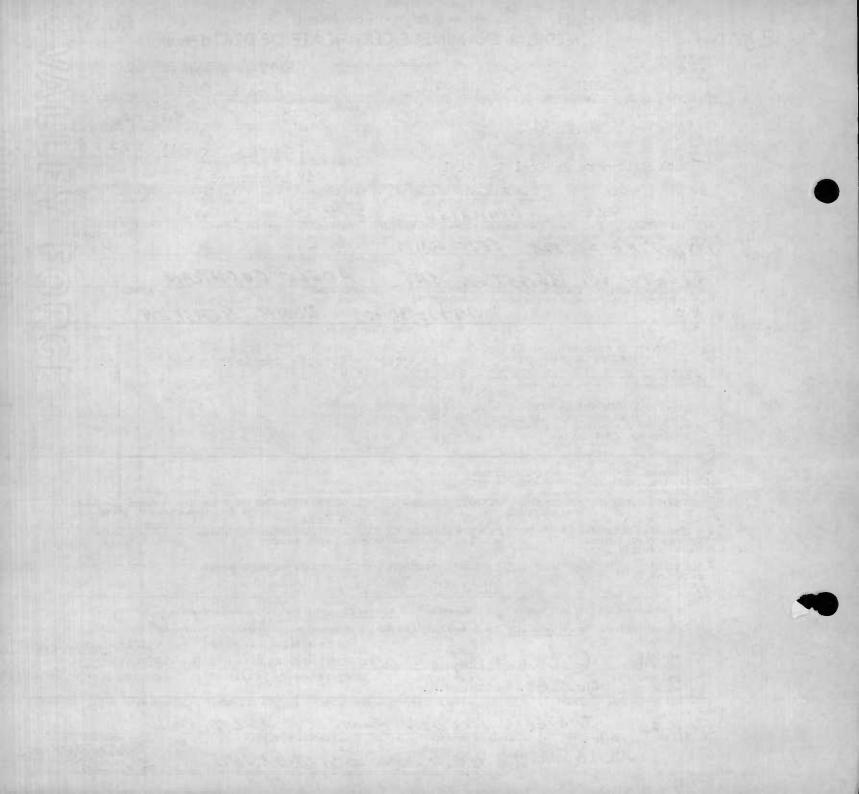
66 07228		HEALTH DEPARTMENT		E'C . 17430
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na	00 07228
M.E. CASE NO.	CERTIFICA			
1. NAME OF DECEASED (Type of Bint) ERTHA WORA	ENGLEH		HOUR OF DEATH	
B. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	ie deceased lived. If ins	titution: residence before admission)
FULL NAME OF (If not in hospital or institution, HOSPITAL OR oddress or location)	give street	MARYL	AND	Belts
MYTHAYLAND GEN	ERM	C. CITY OF TOWN (IF OU	tside city limits, write RI	URAL(ond give township)
118 7058, 7	AL	D. STREET ADDRESS (III	rural give location)	6
40		5346	VAKLEI	
	D. DIVORCED (specify)	4/24/01	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
DA. USUAL, OCCUPATION (Give kind of work 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE State or fore	ign country)	12. CITIZEN OF
one during the working the man (Bired)	UN HOME	MARYLA	PM)	WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
JOHN GOROVA	٤	GZLLA.	MILLER	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or pinknown) (If yes, give wor or dotes of service)	21 3389198	L.O. OLSA	- (M, M)	ma 6 GN'2 Ho
18. 4-1 6 XI	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	RII	MariARCh	FMRal1	MAN INTE
LEADING TO DEATH	(A)	-11010111-	C	11197106
(This does not mean the mode at dying, e.g., heart failure, asthenio, etc. It means the disease,		00 01		2
injury or complication which coused death.)	Plou	EBOTHROMR	W/ 2010	AC VEINS
ANTECEDENT CAUSES	(B)			
DISTACES OR COMPUTIONS				
DISEASES OR CONDITIONS, if ony, giving				11-14
rise to the above couse (A) stating the	(C)		100 (100 (100 (100 (100 (100 (100 (100	
	(C)			
rise to the above couse (A) stating the UNDERLYING CONDITION last.	G			
rise la the abave couse (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	G IE	120 A A A A A A A A A A A A A A A A A A A	3 200 15 25 312	
rise la the abave couse (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	G IE	20A. AUTOPSY? (Yes at No	20B. IF YES, WERE FI	INDINGS CONSIDERED SES OF DEATH?
or contributions of the contribution of the contribution of the death but not related to the disease or condition causing it. 19A. Date of Operation 19B. Condition for the contribution of the death but not related to the disease or condition causing it. 21B. Accident was underlying 21B. Operation 21B. O	G WHICH OPERATION PLACE OF INJURY(e.g., in form, foctory, street, of	or obout 21 C. WHERE DID injury OCCUR?	76	INDINGS CONSIDERED SES OF DEATH? City, give exact location)
rise la the abave couse (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CAUSE O	WHICH OPERATION PLACE OF INJURY (e.g., in e.g., form, foctory, street, of	or obout 21 C. WHERE DID ince bldg., INJURY OCCUR?	(If in Bollimore	7
rise la lhe abave couse (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Doy) (Year) (Hour) 21E.	WHICH OPERATION PLACE OF INJURY (e.g., in e., form, foctory, street, of	or obout 21 C. WHERE DID ice bldg., INJURY OCCUR?	(If in Bollimore	7
rise la lhe abave couse (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21B. TIME (Month) (Doy) (Year) (Hour) 21E. 21D. TIME (Month) (Doy) (Year) (Hour) 21E.	PLACE OF INJURY (e.g., in form, foctory, street, of) INJURY OCCURRED ile Al Not While	or obout 21 C. WHERE DID ice bldg., INJURY OCCUR?	(If in Bollimore	7
rise la lhe abave couse (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. White Conditions of the condition of the c	WHICH OPERATION PLACE OF INJURY (e.g., in the form, foctory, street, of the form) INJURY OCCURRED ile Al	or obout 21 C. WHERE DID ice bldg., INJURY OCCUR?	(If in Bollimore	7
rise la lhe abave couse (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTION	WHICH OPERATION PLACE OF INJURY (e.g., in the form, foctory, street, of the form) INJURY OCCURRED ile Al	or obout 21C. WHERE DID ice bldg., INJURY OCCUR?	(If in Bollimore	City, give exoct locotion)
Tise to the abave couse (A) stating the UNDERLYING CONDITION tost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. OF INJURY (APPROX.) 22. I certify that (this haspital) attended the thot (we) lost sow the deceased alive on	WHICH OPERATION PLACE OF INJURY (e.g., in e., form, foctory, street, of the control of the cont	or obout 21 C. WHERE DID ice bldg., INJURY OCCUR?	(If in Bollimore	City, give exoct locotion)
or contributing Cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 19B. CONDITION FOR CONTRIBUTING 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 19B. CONDITION FOR CONTRIBUTING 19B. CONDITION FOR CONTRIBUTION 19B. CONDITION 19B	WHICH OPERATION PLACE OF INJURY (e.g., in e., form, foctory, street, of the control of the cont	or obout 21 C. WHERE DID ice bldg., INJURY OCCUR?	(If in Bollimore URY OCCUR? 19 (to	City, give exact location
rise la the abave couse (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION CAUS	WHICH OPERATION PLACE OF INJURY (e.g., in the, form, foctory, street, of the	or obout 21 C. WHERE DID ice bldg., INJURY OCCUR? 21F. HOW DID INJ 19 and the lew the bady after death.	(If in Bollimore URY OCCUR? 19 (to	City, give exoct locotion) 19 6 6 Ion death accurred an the da
rise to the abave couse (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO TH DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 21D. TIME (Month) (Day) (Year) (Hour) 21E. OF INJURY (APPROX.) 22. I certify that (this haspital) attended the that (we) lost sow the deceased alive on and haur and fram the causes stated abave. (In 23A. SIGNATURE)	WHICH OPERATION PLACE OF INJURY (e.g., in the form, foctory, street, of the form) INJURY OCCURRED At Work A	or obout 21 C. WHERE DID ice bldg., INJURY OCCUR? 21F. HOW DID INJ 19 and the lew the bady after death.	(If in Bollimore URY OCCUR? 19 (to	City, give exact location)
or contributing Cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 19B. CONDITION FOR CONTRIBUTING 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 19B. CONDITION FOR CONTRIBUTING 19B. CONDITION FOR CONTRIBUTION 19B. CONDITION 19B	WHICH OPERATION PLACE OF INJURY (e.g., in the form, foctory, street, of the form) INJURY OCCURRED At Work A	or obout 21 C. WHERE DID ice bldg., INJURY OCCUR? 21F. HOW DID INJ 19 and the lew the bady after death.	(If in Bollimore URY OCCUR? 19 to at in (my) (apin	City, give exoct locotion) 19 6 6 Ion death accurred an the da
or contributing — (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING — (ACCIDENT WAS UNDERLYING — CAUSE OF DEATH (notify medical examinet) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. WWW (APPROX.) 22. I certify that (this haspital) attended that that (we) lost sow the deceased above. (IZ3A. SISMATURE	WHICH OPERATION PLACE OF INJURY (e.g., in the form, foctory, street, of the form) INJURY OCCURRED At Work A	or obout 21 C. WHERE DID ice bldg., INJURY OCCUR? 21F. HOW DID INJ 19 and the lew the bady after death.	(If in Bollimore URY OCCUR? 19 to at in (my) (apin	City, give exoct locotion) 19 6 6 Ion death accurred an the da
rise la lhe abave couse (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 21D. TIME (Month) (Day) (Year) (Hour) 21E. OF INJURY (APPROX.) 22. I certify that (this haspital) attended the that (we) lost sow the deceased alive on and haut and fram the causes stated abave. (INDICTION OF THE CONTRIBUTION OF THE CONT	WHICH OPERATION PLACE OF INJURY (e.g., in the, form, foctory, street, of the property of the property of the deceased from the deceased f	or obout 21C. WHERE DID ice bidg., INJURY OCCUR? 21F. HOW DID INJ 19	(If in Bollimore URY OCCUR? 19 (to at in (my) (apin Stoff (City) OCATION (City)	City, give exoct locotion) 19 66 1 19 66 23B. DATE SIGNED 23B. DATE SIGNED (Stote)
TISE IN THE ABOVE COUSE (A) Stating The UNDERLYING CONDITION Inst.	WHICH OPERATION PLACE OF INJURY (e.g., in the, form, foctory, street, of the file of the deceased from the deceased fro	or obout 21C. WHERE DID ice bidg., INJURY OCCUR? 21F. HOW DID INJ 19	(If in Bollimore URY OCCUR? 19 (to at in (my) (apin Stoff (City) OCATION (City)	City, give exoct locotion) 19 66 1 19 66 23B. DATE SIGNED 23B. DATE SIGNED (Stote)
rise la lhe abave couse (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO TH DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. OF INJURY (APPROX.) 22. I certify that (this haspital) attended the that (we) lost sow the deceased abave. (I 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAREMOVAL (Specify) BURIAL CREMATION, 124B. DATE 124C. NAREMOVAL (Specify)	WHICH OPERATION PLACE OF INJURY (e.g., in the, form, foctory, street, of the property of the property of the property of the deceased from the deceased from the deceased from the deceased from the property of the property	or obout 21C. WHERE DID ice bidg., INJURY OCCUR? 21F. HOW DID INJ 19	(If in Bollimore URY OCCUR? 19 (C to at in (my) (a) apin Stoff Phys. OCATION (City OCATION (City OKNILLE, M.	City, give exoct locotion) 19 66 1 or death accurred an the da 238. DATE SIGNED 1 / 10 / 6 6 1 / 10 / 6 6 (Stote)
rise la lhe abave couse (A) stating the UNDERLYING CONDITION last.	WHICH OPERATION PLACE OF INJURY (e.g., in the form, foctory, street, of the form) INJURY OCCURRED At Work At Work At Work At deceased from	or obout 21C. WHERE DID ice bidg., INJURY OCCUR? 21F. HOW DID INJ 19	(If in Bollimore URY OCCUR? 19 (C to at in (my) (a) apin Stoff Phys. OCATION (City OCATION (City OKNILLE, M.	City, give exoct locotion) 19 66 1 19 66 23B. DATE SIGNED 23B. DATE SIGNED (Stote)



Steinhice. Har	rry James		July 15, 1966 8:30 P. m.						
3. PLACE OF DEATH IN BALTIMORE, MA		4. USUAL RESIDENCE	(Where deceased lived, I	f institution: residence before admission)					
2		Maryland 8.	COUNTY	AB					
TULL NAME OF (If not in hospital oddress or location in the spital oddress	or institution, give street	C. CITY OR TOWN	(If outside city limits, wri	te RURAL and give fownship)					
U.S.P.H.S. Hospital	MA CASE	Pagadena	Pasadena D. STREET ADDRESS (If rurol, give locotion)						
Baltimore, Maryland		D. STREET ADDRESS							
Don't Games Co.		8542 Main S	8542 Main Street						
5. SEX 6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spec	8. DATE OF BIRTH Aug-3-1914	lost birthdoy) Months Doys Ho						
toA. USUAL OCCUPATION (Give kind of wordone during most of working life, even if setired)	108. KIND OF BUSINESS OR IND	OUSTRY 11. BIRTHPLACE (Stote	or foreign country)	12, CITIZEN OF WHAT COUNTRY?					
Automobile inspector	GEH. Mole	Maryland	i	USA					
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME						
Thomas Steinhice		Ada Wible							
15. Was Deceased Ever in U. S. Armed Fo	es of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS					
No	217-01-56	22 Records - U	JSPHS Hospital	l, Baltimore, Md.					
18. 200,01		USE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DI									
LEADING TO DEATH (This does not mean the made of	dying, e.g., DUE 1	Cardiorespirator	y arrest	10 minutes					
hearl failure, asthenia, etc. It means injury ar camplication which caused	s the disease,								
ANTECEDENT CAUSES	(8)	Aspiration of vor	mitus & blood	10 minutes					
DISEASES OR CONDITIONS, if	DUE 1	to							
rise la lhe abave couse (A)		Reticulum cell s	arcoma	8 months					
UNDERLYING CONDITION last.									
OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING								
OF TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING	ATED TO THE								
	IDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes		RE FINDINGS CONSIDERED CAUSES OF DEATH?					
OR CONTRIBUTING CAUSE OF		(le.g., in or obout 21C. WHERE C reet, office bldg., INJURY OCCU	h, in all about 21C. WHERE DID (If in Softimore City, give exact location)						
21D. TIME (Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRE	ED 21F HOW DI	D INJURY OCCUR?						
OF INJURY (APPROX.)	While At No	of While	D INJOK! OCCOR.						
22. I certify that (X) (this hospita			19 66 to	July 15 10 66					
that (0) (we) lost saw the decease	77		nd that in (*v) (our) o	apinian death accurred an the date					
and hour and from the causes sta									
23A. SIGNATURE	2 1			238. DATE SIGNED					
aller 13.7.	Treats . W.C	D. Attending Med. Director	Stoff Phys.	July 16, 1966					
23C. PHYSICIAN'S NAME (Type)		23 D. ADDRESS							
Allen B. Bredt, Su	rgeon (R)	M.D. U.S. P.H.S. H	Hospital, Bal-	timore, Md.					
24A. BURIAL CREMATION, 248. DATE REMOVAL Specify)	24C. NAME OF CEMETERY		4D. LOCATION	Leity, town, or county) (State)					
	(2	4wa	-	more					
25A. DATE REC'D STHEALTH BEPT.	25B, NAME OF REGISTRAR	25C FUNERAL DIRE	- 130 C	TOLI as					
VS 150-REV. 1/1/65	TABOUT CA MINE	THE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLU	/						

alle A Bust . Man . Reds, sevented .

BIRT	H NO.		MEDI	CAL EX	XAMINE				OF D	EATH R	egistered		0/2	3()
M.E	CASE NO.							X						
T. P	NAME OF DE	CEASED						2. DA	TE AND	HOUR PRON	OUNCED	DEAD		
(Тур	e or Print)	JOSI	ЕРН	W.	BEASTE	V			T., T.,	1/. 10/		. 7	. / /	
3. P	LACE IN BALT				UNCED DEAD	1	IA LISTIAL	RESIDENCE (14, 196			:44 P	
3. 1	EACE III DAE	THORE, IV	TARIEAND, W	TIERE PROMO	ONCED DEAD		A. STATE				B. COUNT	γ	pelate at	JITAI S SIUTI/
FUL	LNAMEOF	(IF NO	TIN HOSPITA	L OR INSTIT	UTION, GIVE ST	TREET	C. CITY O	Maryla R TOWN (IF		cornorate limit	BAL		e townsh	inl
INS	SPITAL OR	AUUI	RESS OR LOCA	IION)										ιρ,
4	3							Baltin		(rur	(a1)	2122	45	
15	South B	altimo	ore Gene	ral Ho	spital		D. STREET	ADDRESS (200	2	-
								412 Lo	ocust	Drive		20) 100	4
5. S	EX	6. RACE			NEVER MARRI		B. DATE O	BIRTH		9. AGE (In last birthdo)	years	f Under 1 Yr	. If Under	24 Hrs.
Ma	1e	Wh-	ite		RRIED	City	5-/4	1/1-			"	nonins Doys	1 110015	741111
					F BUSINESS OR	IN DU STRY	11. BIRTHPL	ACE (State o	r foreign	Country)	1	2. CITIZEN O	F	
	during most of	warking life,	even if retired)							,		WHAT CO	UNTRY?	
12	ATHER'S NAM	N. C.	SUPPL	1- 34	CTE EV	nri		. C.				6	15.	a.
13. 1	ATHEKS NAM	1 E						R'S MAIDEN						
-	TOSET	7/4 6	V. BE	AST	EN SK	Q,	AL	DELLE	60	CHRI	9/1			
15. V	VAS DECEASE	D EVER IN	ve war ar date	FORCES?	16. SOCIAL SECURITY I	NO	17. INFORM	ANT			A	DDRESS		
	No	Alli yes, gi	ve wat at gole	s of service/	4.			Dan	in	0:-1	,	,		
_					227/0		U		15	BEAS	S/EN			
	18. 42	2.1	1			CAUSE	OF DEAT	4					RVAL BE	
	DISEA		NDITION DI	RECTLY								-6 Y		
	(T) : 1		G TO DEATH		(A)	Arter	ioscle	rotic C	Cardi	ovascu1	ar Di	sease.		
	heort foilure,	asthenio,	the mode of etc. It means	the disease,	DUE	то								
	injury at co	mplication	which coused	death.)								100		
	A	NTECEN	DENT CAUSE	s										
	DISEASES	OR CONE	DITIONS, IF A	NY, GIVING	(B)	TO								
			CAUSE (A) ST	ATING THE										
z	ONDERCH	10 00111	ALLION EAST.		(C)									
임			П				-							
X			CONDITIONS									7 100		
문			BUT NOT REL		THE									
CERTIFICATION	19A. DATE OF				WHICH OPERA	TION	20A. AU	TOPSY? (Yes	or Na) 20	B. IF YES. W	ERE FIND	NGS CONSI	DERED	
Ö)		WAS PER					Yes		CERTIFYING				•
7	21A. EXTERNA	L CAUSE	WAS	218	PLACE OF INJ	LIPY (a.a. i			DID (If	in Rolliman I	Citu aiua	ovest Insertion	Ye	S
U	UNDERLYING	OR CON	TRIB-	hom	e, farm, foctory,	, street, a	ffice bldg., I	NJURY OCC	UR?	in politificity	City, give	exoct locollos	17	
밃	UTING LCAU	SE OF DE.	ATH.	etc.)										
	21D TIME	(Month)	(Day) (Year	(Haut)	21E. INJURY OC	CURRED	2	IF. HOW DI	D INJUR	Y OCCUR?				
	(APPROX.)				WHILE AT	NOT V	WHILE							
	22.			m.	WORK L	AT W	ORK L							
		rify that I	held on Ir	nquiry 🗌	Inspection	Aut	opsyX	ond that	on this	bosis, deor	th in my	opinion		
	resul	ted from:	Natural cou	ses X	Acciden	Suicide	Н	amicide	Un	determined	monner			
			/	(2.5)			_							
	ACTUAL		~/	. 1	1/-			EF MEDICA				DA	TE SIG	NED
	SIGNAT		(h	ades!	Cely	M. D.	ASSISTA	NT MEDICA	AL EXA	MINER 🖾			7/15/	
	EXAMIN	ER'S	011	C D	0		ASSOCIA	TE MEDICA	AL EXA	MINER			7/15/	00
	NAME (Charles	S. Pet	ty, M.D.									
	BURIAL CRE		23B. DATE	23	C. NAME of CI	EMETERY O	CREMATO	RY	23D. LO	CATION	(City, to	wn, or county) (:	Stote)
1	7./AL (specify	,	7/18/1	1.6	LOUDE	211/ 1	DARK		Pa	470.1	22/			
244	DATE REC'D	BY HEALT	TH DEPT.	24R NAME					1000		101	ADDR	ESS	-
247	. DAIL KEED			A THAINE	d O	0	2400 F	CHERAL DIK	LUIOR		301	FREDE	ERIP	KR
		JUL	18 1968	Colie	SE. Fa	NOCH MAI	4.5	: MHC	NA	BB		2122	2	

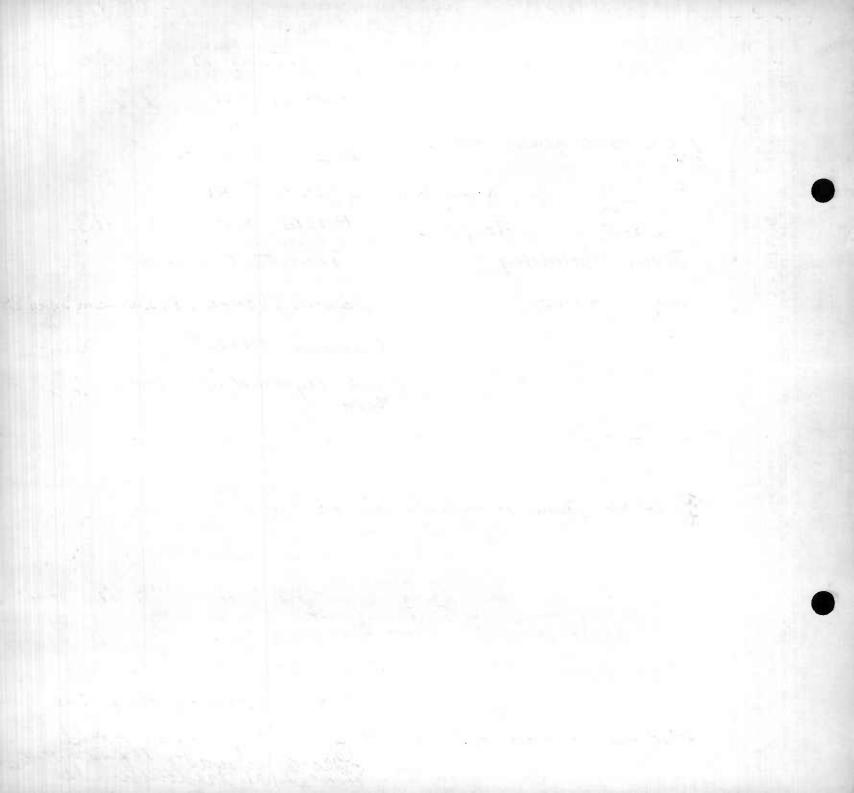


IMPORTANT

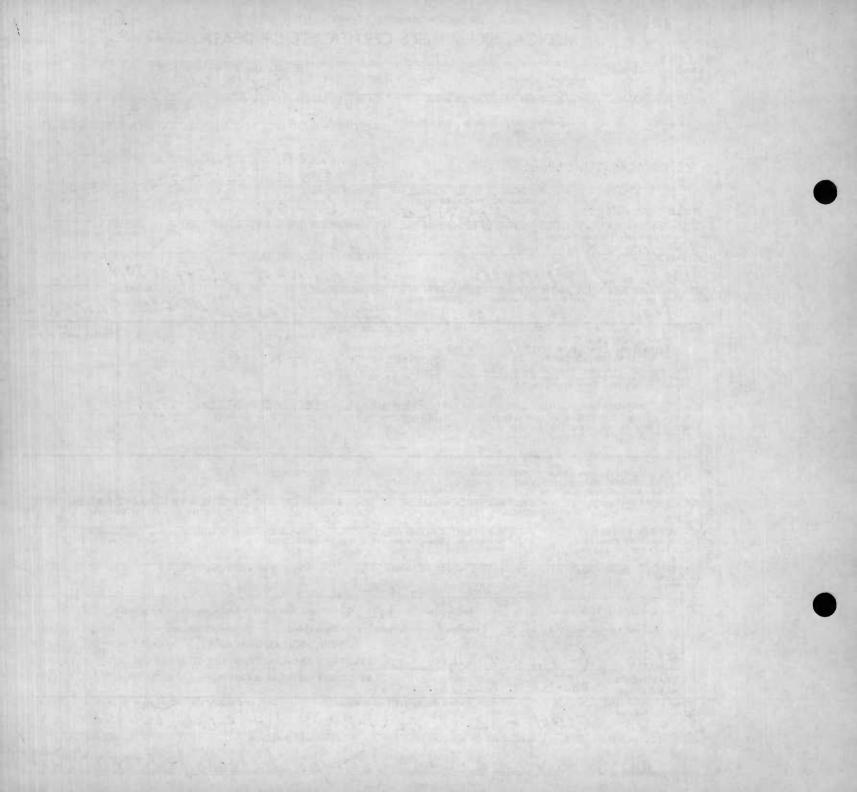
DIRECTOR:

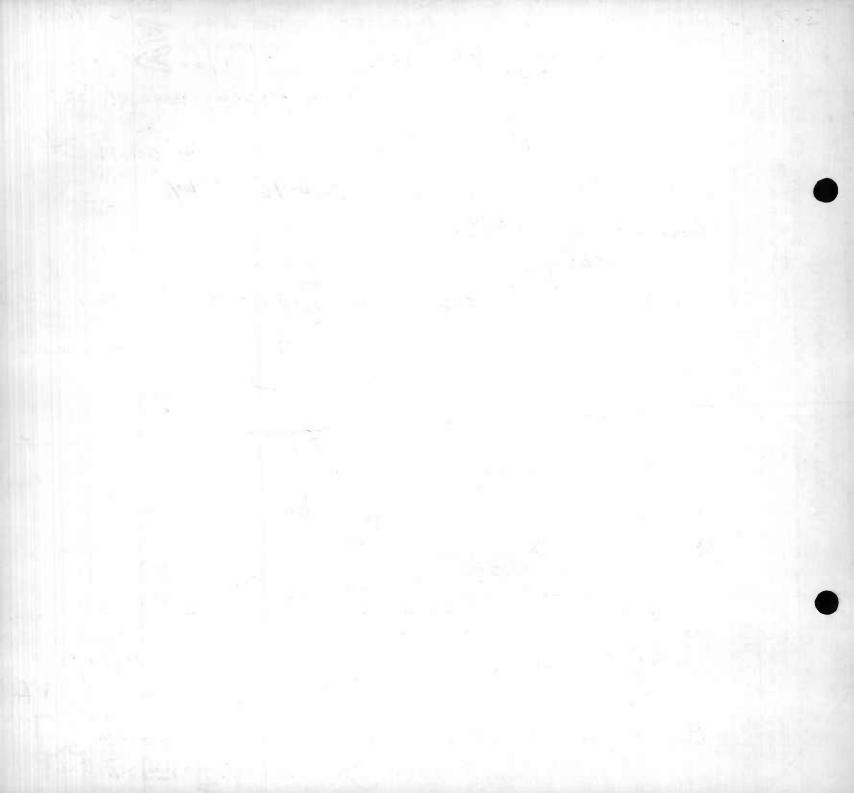
FUNERAL

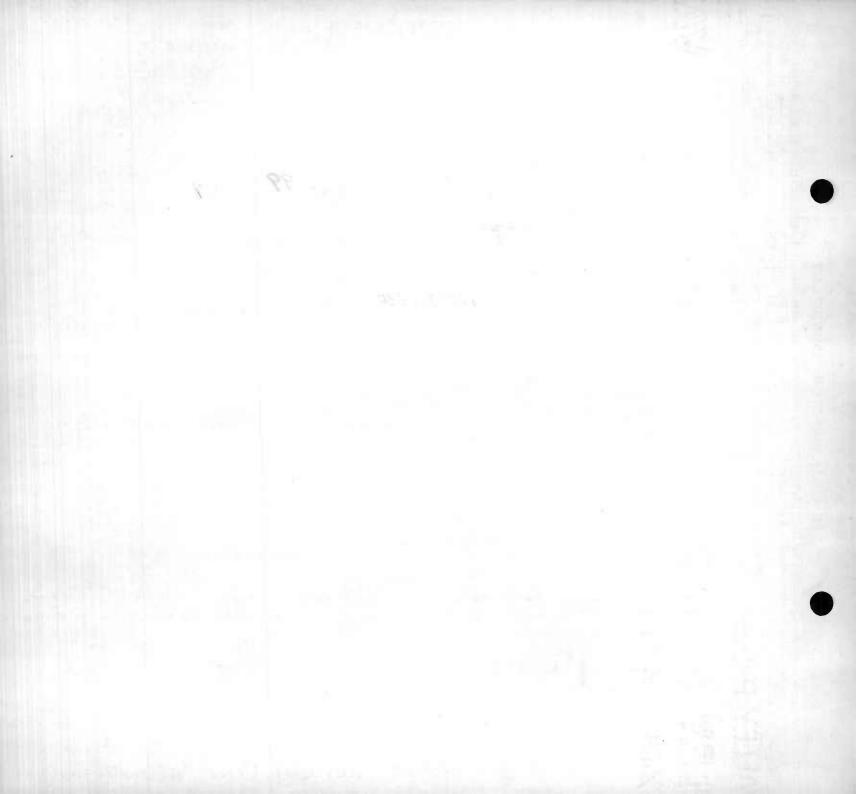
BALTIMORE CITY HEALTH DEPARTMENT



BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
SAMUEL DAVIS	July 15, 1966 10:35 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	Baltimore 709
601509 Aisquith Street	D. STREET ADDRESS (If rurol, give location)
	1509 Aisquith Street
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH 9. AGE (in years If Under 1 Yr. If Under 24 Hrs. Months; Doys; Hours, Min.
Male Negro MARRIDA	3-6-04 61
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
done during most of working life, even if retired	WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Datear DAVIS	CAMILLA DEFFERSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dotes of service) SECURITY NO.	CAMILLA DEFFERSON 17. INFORMANT ADDRESS ELLA GLASGOW 1816 E. OLIVER D
1/0	ELLA YIASGOWIOTO L. ULIVER &
18. CAUSI	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (A) Massix	ve Pulmonary Embolism
This does not meon the mode of dying e.g., heort foilure, osthenio, etc., It meons the disease,	
injury or complication which coused death.)	
ANTECENDENT CAUSES Thrombophlebitis of Popliteal Vein.	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
UNDERLYING CONDITION LAST.	
0	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	Yes IN CERTIFYING CAUSES OF DEATH? Yes
21 A. EXTERNAL CAUSE WAS 21 B. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
UTING CAUSE OF DEATH.	office bldg. NJURY OCCUR?
5	21F. HOW DID INJURY OCCUR?
OF INJURY	WHILE
m. WORK AT W	VORK
22. I certify that I held an Inquiry Inspection Au	tapsy 🔀 and that on this basis, death in my opinion
resulted from: Natural causes X Accident Suicid	
	CHIEF MEDICAL EXAMINER
ACTUAL O	DATE SIGNED
	ASSISTANT MEDICAL EXAMINER X 7/15/66
EXAMINER'S NAME (Type) Charles S. Petty, M.D.	ASSOCIATE MEDICAL EXAMINER
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, Jown, or county)	
REMOVAL (Specify) 7/26/66 MT. (D) 1	IRRY A. P. Co. Tr. Mil
24A, DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
III 18 1966 P. O. B. E. Farberman Joseph J. Jocks 1 1304 h. Central	
VS 151-REV. 1/1/65	







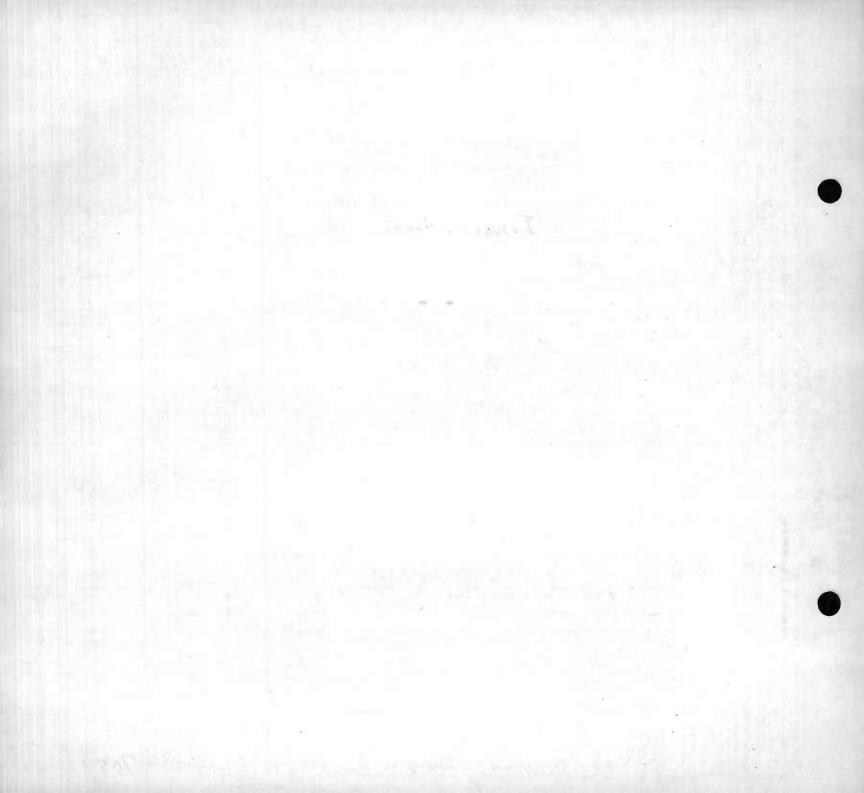
00 1170	BALTIMORE C	ITY HEALTH DEPARTMENT		06 117235
BIRTH NO. 66 U72	CERTIFIC	ATE OF DEATH	Registered Na	
M.E. CASE NO.				
Type of Pro		2. DATE AI	ND HOUR OF DEATH	145
	POLNICKI		7/15/6	6 4- 8
B. PLACE OF DEATH IN BALTIMORE, M.	ARYLAND	4. USUAL RESIDENCE (Whe	ere deceased lived, If	institution: residence before admiss
		A. STATE B. COUL		1111
FULL NAME OF (If not in hospitol	l or institution, give street	IVI ARYLAM	3	7-01.
HOSPITAL OR oddress or locoti-	3n)	C. CITY OR TOWN (If ou	stside city limits, write	RURAL ond give township)
11	16-0	BAUTIMON	28	
MARYLAND GEN	Fran Hosp.	D. STREET ADDRESS ()	rural, give location)	
110		11-11- 1	ARK AV	6
48		1011		
6. RACE	7. MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdgy)	Months Doys Hours Mi
MW	WIDOWER	3/19/82	84	
OA. USUAL OCCUPATION (Give kind of wo		RY 11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF
one during most of working life, even if retired)			4	WHAT COUNTRY?
NONE	LNSURANCE AGEN	T AUSTRI	A	AUST + USA
3. FATHERS NAME	1	14. MOTHER'S MAIDEN NA		
2 - 4	2	2		
N. C. a.	,	4		
5. Was Deceased Ever in U. S. Armed Fo		17. INFORMANT		ADDRESS
es, no or unknown) (If yes, give wor or do			_ 1	1) 6. 11
100	212-03-765	8 KIO. OLSEN	, mg - /V	ID. GEN'L HOS
18. 4490 X I	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION D	IRECTLY	o 4.		ONSET AND DEATH
LEADING TO DEATH		Den ham		2 slaws
(This does not mean the mode o	of dying, e.g., DUE TO	o o come		00-7
hearl failure, asthenio, etc. It mean	s the diseose,	0		0
injury or complication which cause	d death.)	"I Lead Varen		1) duin
ANTECEDENT CAUSE	S (B) DUE TO	17V-00	W-01 04C	11 00005
DISEASES OR CONDITIONS, if	any, giving			
rise to the obove cause (A)				
UNDERLYING CONDITION last.	चेताच चे नै व व्यवस्थात			
II.				
Z OTHER CICNIFICANT COMPITIONS	CONTRIBUTING			
TO THE DEATH BUT NOT REL	ATED TO THE			
DISEASE OR CONDITION CAUSING	NOTION FOR WHICH OPERATION	IZOA ALITOREYZ (Van an N	A) OR IS VEC WERE	FINDINGS CONSIDERED
WAS PE	REDRINED WHICH OPERATION	AUTO TELES OF IN	IN CERTIFYING C	AUSES OF DEATH?
NONE		100		
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.	office bldg., INJURY OCCUR?	(If in Boltimo	ore City, give exoct locotion)
DEATH (notify medical examiner)	etc.)	Since Biografita OKI OCCOR:		
U) (H) 215 MILLEY 0.0211222	215 116111 515		
21D. TIME (Month) (Doy) (Yeor		21 F. HOW DID IN.	JUKT OCCUR?	
(APPROX.)	While At Not V		Minor.	/
		2//		7/15
22. I certify that (7) (this hospital	al) attended the deceased fram		19 06 to	1969
that (1) (-) last saw the deceas	red alive an ////	19 6 e and th	hat in (my) (a) a	pinian death accurred an the
	ated abave. (1) (1997) (did) (did son	y view the body after death.		4
23A. SIGNATURE	1011			23B. DATE SIGNED
(XI)	M.D.	Attending Med. Phys. Director	Stoff Phys.	7/18/16
DEC. PHYSICIAN'S	J- Jen	23 D. ADDRESS	, 2	1/2/00
NAME (Type)	\bigcap 1	11110	1	,/
Louis U.	(KSEN M.	D. /// (). (0	everal	HUDO.
24A. BURIAL CREMATION, 24B. DATE	. 24C. NAME OF CEMETERY OF	CREMITERY 24D. I	LOCATION	City, town, o county) (Sto
REMOVAL (Specify)				
BURIAL 1/19/	66 HOLY ROSA	RY CEMETERY L	3ALTIMOR	E, NICH

24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATION (City, Town, & county) (Stote)

BURIAL 7/19/66 HOLY ROSARY CEMETERY BALTIMORE, MC

25A. DATE REC'D BY, HEALTH DEPT. 25B. NAME OF REGISTRAR

VS 150-REV. 1/1/65



IMPORTANT

DIRECTOR:

FUNERA

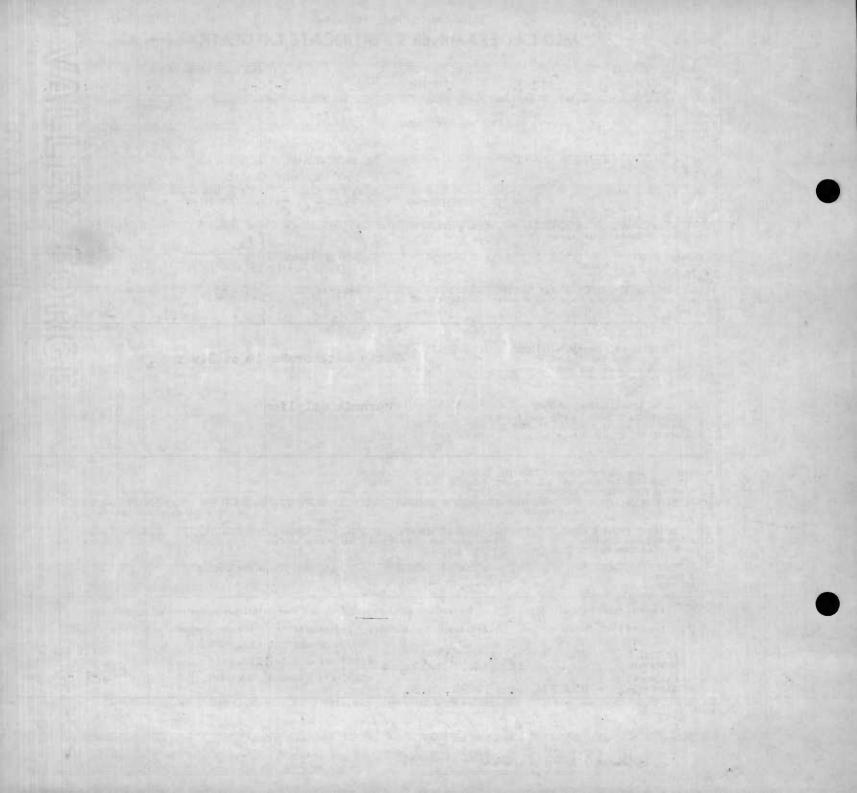
VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

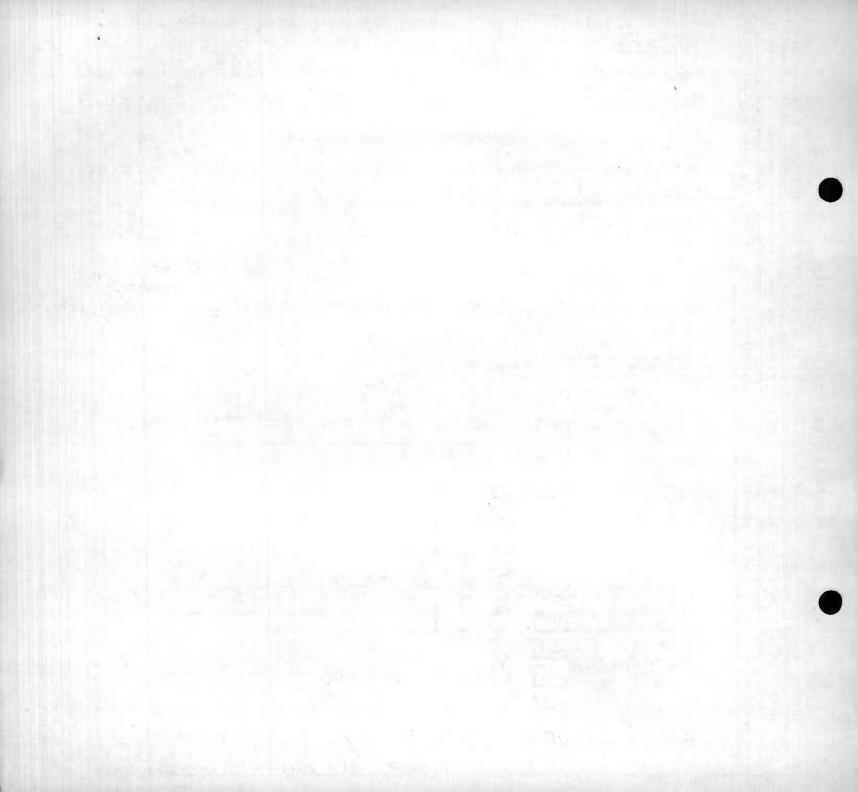
Thursday to a between T

J-520 B

	00	UIRUI			ALTIMORE CITT HEAL					0 11201
BIRT	H NO.	٨	VEDIC	CAL EX	AMINER'S CI	ERTIFICAT	TE OF [DEATH Registe	ered Na	
M.E	CASE NO.									
	NAME OF DEC	CEASED	E				2. DATE AN	D HOUR PRONOUNC	ED DEAD	
стур	e or Print	0, ma)	SALI	NA	JONES		7-16-	66		4:20 A. M
3. P	LACE IN BALT	MORE MARYLA	ND, WH	ERE PRONOUI	NCED DEAD	4. USUAL RESID	ENCE (Where	deceosed lived. If inst	titution: res	idence before odmission)
						Maryland	d	B. COL	JNTY	
HO:	L NAME OF	(IF NOT IN	HOSPITAL R LOCATI	OR INSTITU'	TON, GIVE STREET			e carparate limits, prijte	RURAL	and give township)
IN S.	TUTION					Baltimo		14	10	2
1	1.	401 WILME	R COU	RT		D. STREET ADDI		give location)		
17	90					1401 Wi				
5. S	EX	6. RACE	T2	, MARRIED, I	NEVER MARRIED	8. DATE OF BIRTH			If Unds	r 1 Yr. If Under 24 Hrs.
			٧		VORCED(specify)	8 30	11	9. AGE (In years lost birthday)		Doys Hours Min.
	male	Colored			used	0))	41		
		working life, even if			BUSINESS OR INDUSTRY	BIRTHPLACE	State or toreig	n country)	12. CITIZ	EN OF AT COUNTRY?
		1		dily	mork	Chest	V.A.	e	2	1SA
13. F	ATHER'S NAM	ouens)		/		14. MOTHER'S M.	AIDEN NAMI	oene	6.	
0	Henry	000				words	ou de			
		D EVER IN U.S.			6. SO CIAL	17. INFORMANT	(Pa	ruton	ADDRES	5
ties	, חס סו טוואווט זס סוו	(If yes, give wor	or dotes	or services)	mult	u o	1	,	Back Ind
	18.				Lukroun	2134	Tues	Elman CC	w,	
		1			CAUSE	OF DEATH				ONSET AND DEATH
	DISEA	SE OR CONDITI		CTLY	Fat	ter makama	mahaada	of 14		Part No.
	(This does	not mean the m		dvina e.a.	(A)	.ty metamo	rpnosis	of liver		
	heart failure,	osthenio, etc. 1	t meons t	he diseose,	002 10					
		NTECENDENT		V CDANG	(0/	ronic etl	ylism			
	RISE TO TH	OR CONDITION E ASOVE CAUSI	E (A) STA		DUE TO					THE STATE OF THE S
-	UNDERLYII	NG CONDITION	LAST,		(C)					
Ó					(0)				100000000000	
Y	OTHER SIG	II NIFICANT COND	ITIONS C	ONTRIBUTIN	G					
은	TO THE	DEATH BUT N	OT RELA	TED TO TH	E					
CERTIFICATION		OPERATION 119			HICH OPERATION	20A AUTOPSY	7 (Yes or No)	20B. IF YES, WERE FI	NDINGS (ON SIDERED
2	1		AS PERFO		THE O'LLKA HON			IN CERTIFYING CAU		
A	21 A. EXTERNA	L CAUSE WAS		21 B P	LACE OF INJURY (e.g.,	Yes	VHERE DID	Of in Boltimore City of	ve exact	ocation)
U	UNDERLYING	OR CONTRIB-			form, factory, street, a			III DOINING City, go	VC CAUCI	o conton,
~ !		SE OF DEATH.		0.00	- 52/ 52/50					
1	OF INJURY	(Month) (Day)	(Yeor)	(Hour) 21	E. INJURY OCCURRED	21 F. H C	TINI DID MC	JRY OCCUR?		
	(APPROX.)			m. W	ORK NOT AT W	WHILE				
	22.									
	I cer	tify that I held	an Inc	quiry	inspection Aut	apsyXX and	that an thi	is basis, death in i	ny apinio	in
	resul	ted from: Natu	irol caus	ses A	cident Suicide	e Homici	de 📗 l	Indetermined mann	er	
			7		10/	CHIEF MI	EDICAL EX	AMINER X		DATE SIGNED
	SIGNAT		uns	201 5	Justier M.D.	ASSISTANT MI	EDICAL EX	AMINER .		DATE STORES
	EXAMIN				me De	ASSOCIATE M	EDICAL EX	CAMINER		7-16-66
	NAME (SSELL	S. FIS	HER, M.D.					
	BURIAL CRE	MATION, 238. D			NAME OF CEMETERY O	CREMATORY	∠ 23D. Le	OCATION (City	, town, or	county) (State)
KEN	AOVAL (Specif	. 0) 4	20	66	my (cub	unkers	Ting /	Apeteriore	2	Marylord
24A	. DATE REC'D	BY HEALTH DEP	T.	24B. NAME C	F REGISTRAR	24C. FUNER	AL DIRECTOR	10 01	0	ADDRESS)
					2 7 2	11/11	than ?	B 7119 8	syn.	n
		JUL TO	מסבו	lower	E. tarbuta	1230	2Wn	the auch	But	one Mouden
VS	151-REV. 1/1/	65								1/



			Y HEALTH DEPARTMENT		00 00000
BIRTH NO.	66 0723	8 CERTIFICA	TE OF DEATH	Registered Na	. 66 07238
M.E. CASE NO.	EASED		2. DATE A	ND HOUR OF DEATH	
(Type or Print)	TRMA L	EHMAN	7/19	1/66	1/2:13 PM
3. PLACE OF DEA	TH IN BALTIMORE, MARYL	AND	4. USUAL RESIDENCE (Wh.	ere deceosed lived. If	institution: residence before admission)
FULL NAME O		nstitution, give street	md B	to An	me Anundel
HOSPITAL OR	oddress or location)		1 1	utside city limits, write	1
marela	a General	Hospital	D. STREET, ADDRESS (III	n Heishi	ts 32-00
48				ve / and R	0.
5. SEX	6. RACE 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
Female	White	Wilow	3/7/92	74	
	JPATION (Give kind of work 10) working life, even if retired)		11. BIRTHPLACE (Stote or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
Housen	2016	Own Home	Voland		USA
13. FATHER'S NAM	A E		14. MOTHER'S MAIDEN NA	ME	
HNTO	N Male	sky	Amelia S	chewatton	2 V
5. Was Deceased	Ever in U. S. Armed Forces	1 6. SOCIAL SECURITY NO.	17. INFORMANT	2 006	harst Drive
No	~~~	188-10-52-03-1	Mr. A.1. Lahman	(San) Cur	Mars Da
1B. W. L. A		CAUSE	OF DEATH	(or) (en	INTERVAL BETWEEN
DISEAS	E OR CONDITION DIREC	TLY /	. 1:		ONSET AND DEATH
	LEADING TO DEATH	(A) 61	ver talan		
(This does not heart foilure,	ol meon the mode of dy osthenio, etc. It meons the	ing, e.g., DUE TO	•		
injury or com	plicotion which caused de		ucuran las:		
A	ANTECEDENT CAUSES	DUE TO		**************************************	
	R CONDITIONS, if ony		ennie et 601	Il blut der .	
	above couse (A) side CONDITION lost.	oling line (C)	minut 1 000		
			V		
	FICANT CONDITIONS CON				
	CONDITION CAUSING IT.				
19A. DATE OF	OPERATION 198. CONDIT	ON FOR WHICH OPERATION MED LLUNGEL	20 A. AUTOPSY? (Yes or N	ON CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDEN	IT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID	(II in Boltimo	re City, give exoct locotion)
▼ DEATH (notify	TING CAUSE OF medical examiner	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?		
21 D. TIME	(Month) (Doy) (Year) (H	Hour) 21E INJURY OCCURRED	21 F. HOW DID IN	IURY OCCUR?	
OF INJURY		While At Not Whi	le 🖂	JOK! OCCOR.	
		Work At Work			- / / 1/
		ttended the deceased from		19 66 to 7	1/14 1966
that (I) (we)	last saw the deceased o	live an 7/19	19 66 and th	nat in (my) (🖚) ap	inian death accurred an the date
		abave. (1) (We) (did) (did)	view the bady after death.		
23A. SIGNATU	RE /				23B. DATE SIGNED
F.	lulys A Ju	oley M.D. Att	ending Med. Director	Stoff Phys.	7/14
23 C. PHYSICIA!			23D. ADDRESS		
100	Thilip	A LUSTRY M.D.	ma 6	Inrual	Hospital
24A. BURIAL CREA	AATION, 24B. DATE	24C. NAME OF CEMETERY OF CR	EMATORY 24D. I	OCATION (C	City, town, o county) (State)
Bingal	July 18, 196	6 Nisky Hill Com	etery B	thlehem No	with Hampton Co, Par
25A. DATE REC'D	2222	NAME OF REGISTRAR	26C. FUNERAL DIRECTO	9	ADDRESS, U
	JUL 18 1966 (7)	Leeb E. FarberMA	R.V. Singlet	on a	An Burnie Md
VE 150 PEV 1/1/4	5				1110



The state of the s 712 Kamony St. 702 Kamaay St. mich white married Prouses Over-Lowery Hogsestim Det. Edular - andram heart - 212-57-71 Was Buth and 1 19 19 19 19 frame Present for South Almos Cas II. I Land T. Artol time of 1814 " Mestown to Buttown Int. Jil. G. Trommedic Elele

BIRTH NO.

VS 150-REV. 1/1/65

and

occurred

IMPORTANI

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

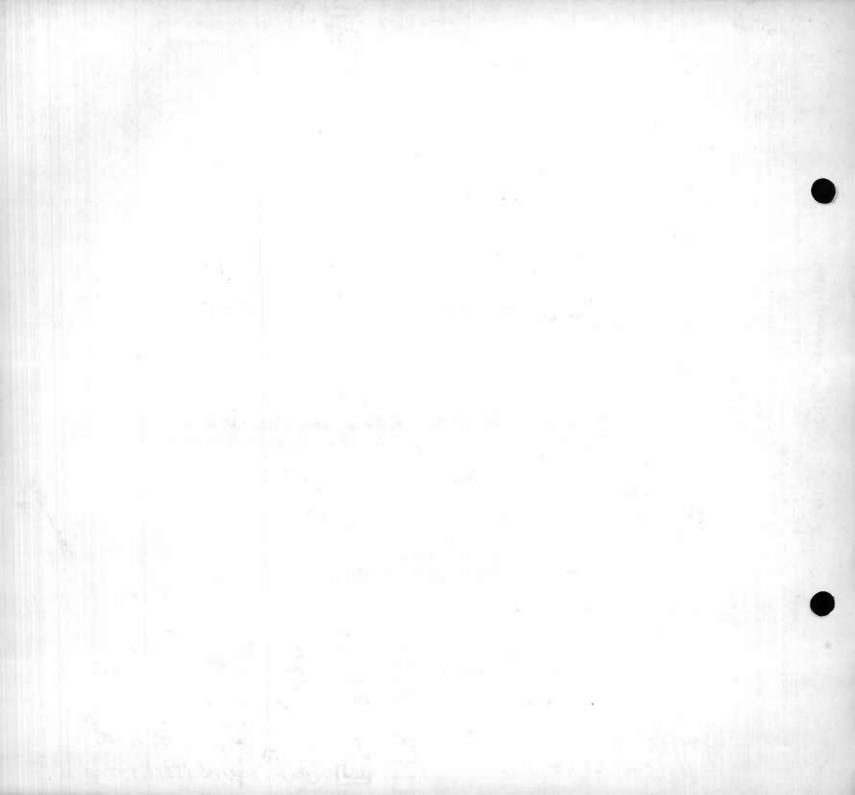
CERTIFICATE OF DEATH

Registered Na.

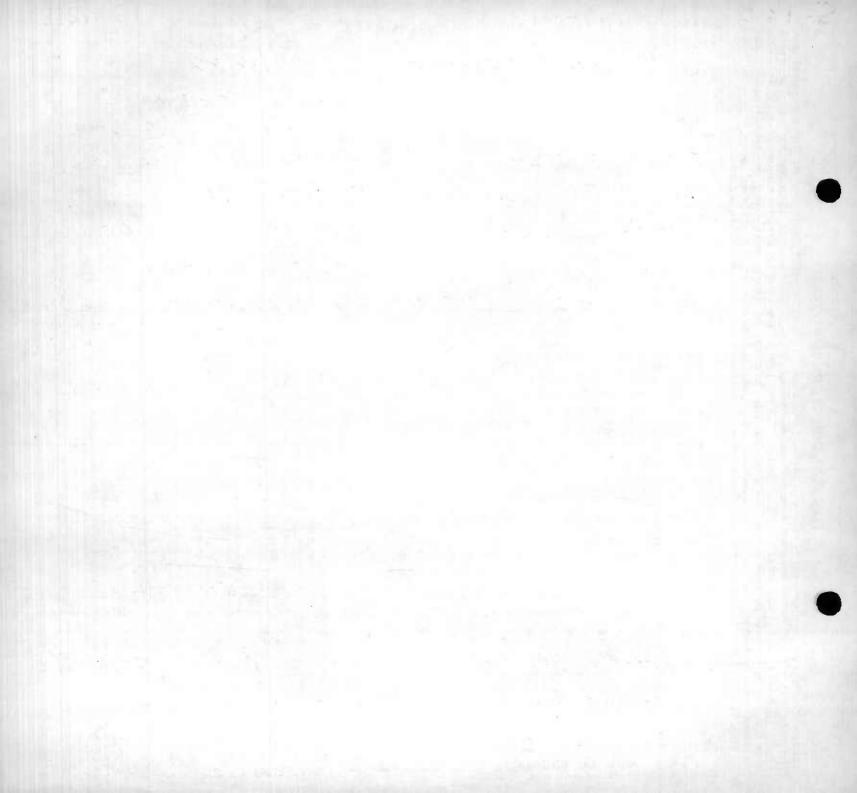
If Under 24 Hrs.

(Stote)

Hours



	BALTIMORE CIT	Y HEALTH DEPARTMENT		66 07241
BIRTH NO. 66 07241	CERTIFICA	ATE OF DEATH	Registered No.	00 07241
M.E. CASE NO.		2. DATE AND	HOUR OF DEATH	
Type or Print) Wendell F. 5	DIVYITY	7/16	166	
PLACE OF DEATH IN BALTIMORE, MARYLAND	7 11 11 11 11	4. USUAL RESIDENCE (Where	deceased lived, if instit	ution; residence before admis
		A. STATE B. COUNTY	12 14.	
FULL NAME OF (If not in hospital or institut oddress or location)	tion, give street	C. CITY OR TOWN (If outside	le city limits, write RUR	Al and give towerhiel
INSTITUTION		La 45down		2
70			ol, give location)	2000
St Annes Hospital		2507 H 3 mm	on ds Fe	- 21 PN 731
	RIED, NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years I	Under 1 Yr. , If Under 24
Male VIII of	OWED, DIVORCED (specify)	4/10/65 10:	st birthdoy) N	lanths Doys Hours Mi
OA, USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign	country)	2. CITIZEN OF
ne during most of working life, even if retired)		1.0-	,	WHAT COUNTRY?
	10. R.R.	Maryland		W.5 Ct.
3. FATHERS NAME		14. MOTHER'S MAIDEN NAME	4	
William 1. Spurrier	<i>(</i> -	Capitolo	W1/50%	>
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of servi	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Ves W.W. I.	705-05-3709	P.H. 15	Vien 28 2 4	mmonde Ferry
/ 18. // O/		OF DEATH	1187 2001116	INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY		11	, 0.	ONSET AND DEATH
LEADING TO DEATH	(4)	Myocardial	mtarci	Lev 1171
(This does not mean the made of dying,		0 /	01	0 1
heart failure, asthenia, etc. It means the dise injury ar camplication which caused death.)	idse,	n Herioscherotre	1 55 MINES9 1	Lexel Res 53
ANTECEDENT CAUSES	(B)	110000010010	(6)00	Noce (1011-1)
DISEASES OR CONDITIONS, if any, gi	DUE TO			
rise to the above cause (A) stating UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIBL	JTING			
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 198. CONDITION F	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINI	DINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED			IN CERTIFIENG CAUSE	S OF DEATH!
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g.,	in of about 21 C. WHERE DID office bidg., INJURY OCCUR?	(If in Boltimore C	ity, give exact location)
DEATH (notify medical exominer)	etc.)			
DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21 E. INJURY OCCURRED	21F. HOW DID INJUS	Y OCCUR?	
S OF INJURY (APPROX.)	While At Not Wh			
			59 7	-16
22. I certify that (I) (this hospital) attend	-7 - 1/21	7 /. 6		19.0
that (i) (we) lost saw the deceased alive			in(my) (our) opinio	n death occurred on the
and haur and fram the couses stated aboy	re. (l) (We) (did) (did not)	view the body after death.		
23A. SIGNATURE	1.14.	4/		B. DATE SIGNED
proved hadn	M.D. Al	Med. St. Director Pr	off ny s.	7-18-170E
23C/PHYSICIAN'S NAME/(Type)		23D. ADDRESS		
Placien P. Nadols.	M.D	2610 Hr. on in and	da Francis	71
24A. BURIAL CREMATION, 24B. DATE 24	IC. NAME of CEMETERY or C	REMATORY 24D. LOC	CATION (City,	town, or county) (Ste
REMOVAL (Specify)	2-14-11-	1 Pampton 1	1	· Sound
25A. DATE REC'D BY HEALTH DEPT. 25B. NA.	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	imore Ill	ADDRESS
25A. DATE REC'D BY HEALTH DEPT. 25B. NA.	2 8-8 Foll 41	A. A. T.	1000 C.1	1, 5, 21
	ser - remains	HM Drose Live	13280410	nyr DA. Kd



66 07242	2
BIRTH NOCK- 107 198.	

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

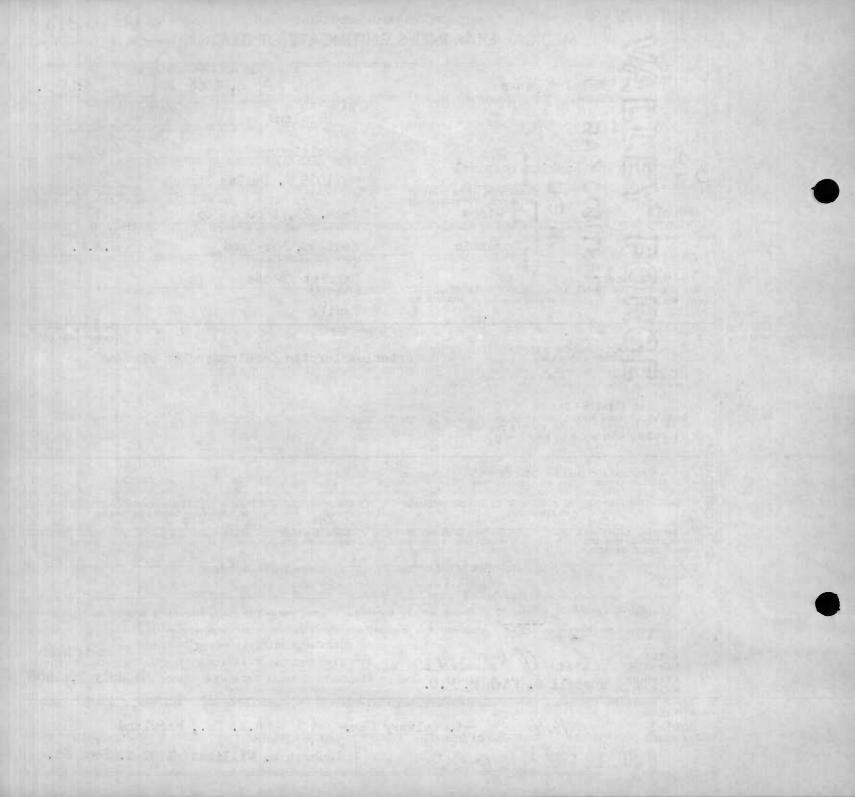
									_,		
	E CASE NO.	EASED					7	F 4315	Uous sections	D D:45	
(Ty	Pe or Print)	EASED	100		7 - 1 -		2. DATE	EAND	HOUR PRONOUNCE		
2 8	LACE IN BALT	IAAODE AAADVI			Jackson	TIA DELLA	I BESIDENCE (M	Vhous de	7/12/6		10:20 a. M. idence before admission
3. F	CACE IN SALI	INIORE, MARIE	AND, W	HERE PRONOL	INCED DEAD	A. STAT	E		8. COUI	NTY	idence beidle ddimssion/
FUI	L NAME OF	(IF NOT IN	HOSPITA	L OR INSTITU	TION, GIVE STREET	C. CITY	Maryla OR TOWN (If o		carparate limits, write	RURAL	and give township)
	SPITAL OR	ADDKE 33	OR LOCA	IION)						7-7	7-11-
1	10					D STREE	T ADDRESS (If	alti		1	1-16
B	4.70	6 Croon	annin	~ A**		D. STREE				A = = =	
5. \$		6. RACE	Sprin		NEVER MARRIED	B. DATE		JO G.	eenspring		er 1 Yr, If Under 24 Hrs.
J. 3			1		DIVORCED (specify)	-	11y 13.	190	(last birthday)		Days Hours Min.
	male	color	_	7.05	Single	1	6688-			1	21
	. USUAL OCCU e during most of w			IOE KIND OF	BUSINESS OR INDUSTR			_	cauntry)	12. CITIZ WHA	TEN OF AT COUNTRY?
	Si	ngle				1	larylan				
13.	FATHER'S NAM					14. MOTH	IER'S MAIDEN	NAME			
		orge Ja					aron Bla	ancl	1		
	WAS DECEASED , na oi unknown)				16. SO CIAL SECURITY NO.	17. INFOR				ADDRES	
		, , , , , , , , , , , , , , , , , , , ,				Geo	orge Jac	cks	on 4706 Gr	reen	spring
_	18.				CAUSE	OF DEA	TH				INTERVAL BETWEEN
	9 a	S X I									ONSET AND DEATH
	DISEAS	LEADING TO	DEATH	RECTLY	Inte	rstit	ial pneum	noni	tis (SDII)		
	heart failure,	nat mean the osthenia, etc. nplication which	tt means	the disease,	DUE TO					•••••	
		inpiredirent without		40 41167							
		NTECENDENT			(B)						
	RISE TO THE	OR CONDITIO E ABOVE CAU	SE (A) ST		DUE TO						
_	UNDERLYIN	IG CONDITIO	N LAST.		(0)						
Ó		11			()						
¥.	OTHER SIGN	II NIFICANT CON	DITIONS	CONTRIBUTION	IG						
문		DEATH BUT			HE						
CERTIFICATION	19A. DATE OF				WHICH OPERATION	20A. A	UTOPSY? (Yes or	r No) 20	8. IF YES, WERE FIN	DINGS (CONSIDERED
Ö	2		WAS PER	FORMED			yes	11	Ves	ES OF D	EATH?
X	21 A. EXTERNAL			218.	PLACE OF INJURY (e.g.,	in ar obou	21C. WHERE D	DID (IF	in Baltimare City, giv	e exact l	(acation)
EDICA	UNDERLYING L	SE OF DEATH.		etc.)	, farm, factory, street,	office blag.	INJURY OCCU	IR?			
Z	21 D TIME	(Month) (Do	y) (Year) (Hour) 2	E INJURY OCCURRED		21F, HOW DID	INJUR	Y O CCUR?		
	OF INJURY	(Coo	,,,			WHILE					
					VORK AT W	ORK					
	22. I cert	tify that I hel	d on li	nquiry 🗌	Inspection Au	tapsy 🔀	and that a	an this	basis, death In m	y apinic	ın
	resul	ted fram: Na	tural car	uses X A	ccident	•	Hamicide -	Un	determined manne		
		7			//		IEF MEDICAL				
	ACTUAL		1180	e h	7-10		ANT MEDICAL				DATE SIGNED
	SIGNATI	1/1	WVV	V	- CW-D		ATE MEDICA				7/12/66
	EXAMIN NAME (1	- \	rnor	II Spite	$_{\rm M}$	ASSUCI	ATE MEDICA	LEXA	MINEK		7/12/00
	BURIAL CRE	MATION, 238.	DATE		C. NAME OF CEMETERY	or CREMA	TORY 2	23 D. LO	CATION (City,	town, ar	county) (Stote)
RE/	MOVAL (Specify Burial	7	-16-	1966	Mt. Auburn	Cem		Re	ltimore M	id.	
	A. DATE REC'D				OF REGISTRAR		FUNERAL DIRE		T OTHOLE W		ADDRESS
-4/				LANG ITAIVIE) ~ 0			CIOR		14 40	W. Biddle St.
	JU	L 18 19	ال طوا	deut &	. Jankey Mill	Mrs.	Franse	BS A	. Hamsley		
_											

.b stability i and bringing .full andi-ar-v _____________________________. STORAR OF BOOMAS WITH

3 E 2 BIRTH NO.

APPICAL EVALUATED'S CEPTIFICATE OF DE

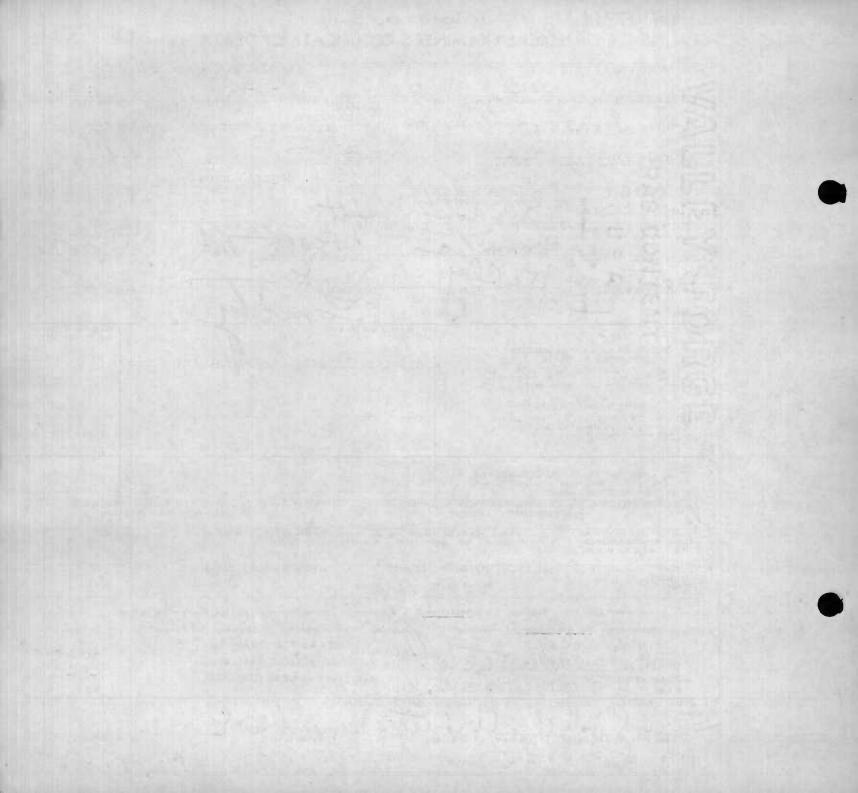
BIRTH NO.	ME	DICAL EX	AMINER'S C	ERTIFICATE	OF DEATH Regist	ered Na
M.E. CASE NO.						
1. NAME OF DEC					ATE AND HOUR PRONOUN	
	Melvina				July 4, 1966	6:45 P.M.
	MORE, MARYLAND,			4. USUAL RESIDENCE A. STATE Marylar	B. CC	stitution: residence before odmission) UNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)				C. CITY OR TOWN	If outside corporate limits, wri	te RURAL ond give township)
2	T 1 II 1			D. STREET ADDRESS		/ /
32	Johns Hopk	cins nospi	LTAI	7025 N	Dallas Street	
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
Female	Magne		DIVORCED (specify)	Cont 92	1880 85	Months Doys Hours Min.
Female	Negro	Wic		Sept. 23,		12. CITIZEN OF
	rorking life, even if retire	d)				WHAT COUNTRY?
12 FATHERIC MAAA		Domes	tic	Madison, M		U.S.A.
13. FATHER'S NAM						
	Keene		114 00 0141	Harriet Th	nomas	ADDRESS
	O EVER IN U.S. ARM		SECURITY NO.	17. INFORMANT		ADDRESS
				Family		
18.			CAUS	E OF DEATH	Anh. T	ONSET AND DEATH
OTHER SIGN	IG CONDITION LAS	NS CONTRIBUTII				
DISEASE OF	CONDITION CAUS					
19A. DATE OF		PERFORMED	WHICH OPERATION	Yes	or No.) 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
UTING CAU		21 B. home etc.)	PLACE OF INJURY (e.g., , form, foctory, street,	office bldg., INJURY OC	E DID (If in Boltimore City, CUR?	give exact location)
21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (WHILE WORK	SANDO VANTUI DE	
22. I cert	ify that I held on	Inquiry X	Inspection Au	and tha	t on this basis, death in	my opinian
	ted from: Natural		coldent Suici			
resut	rea from: Natoral	Cdoses A	Cerueni Soicii			
ACTUAL		11089	-ules M.C		CAL EXAMINER X	DATE SIGNED
EXAMIN	ER'S Russell	L S. Fish	er, M.D.	ASSOCIATE MEDIC	CAL EXAMINER	July 7, 1966
23A, BURIAL CREE		23	C. NAME OF CEMETERY	or CREMATORY	23D. LOCATION (Ci	ty, town, or county) (Stote)
Burial		9/66	Mt. Calvary	Cem.	A.A. Co., Ma	ryland
	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL D		ADDRESS
	JUL 18 196	66 Relect	E. Farbune	Robert	E. Williams 1	701 N. Bond St.
VS 151-REV. 1/1/						

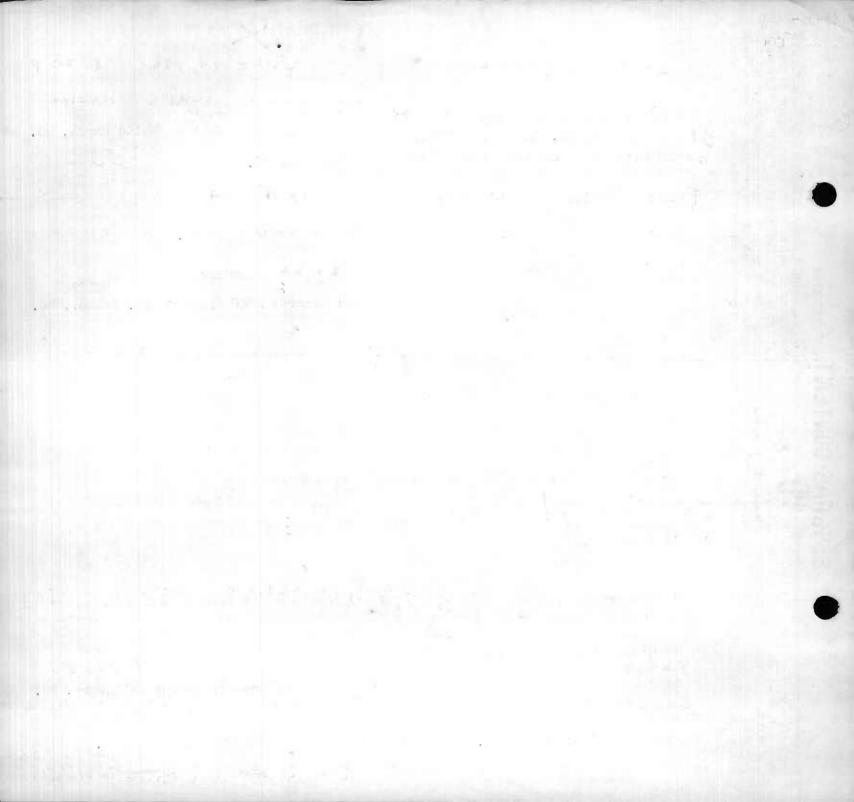


BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered NG6 07244

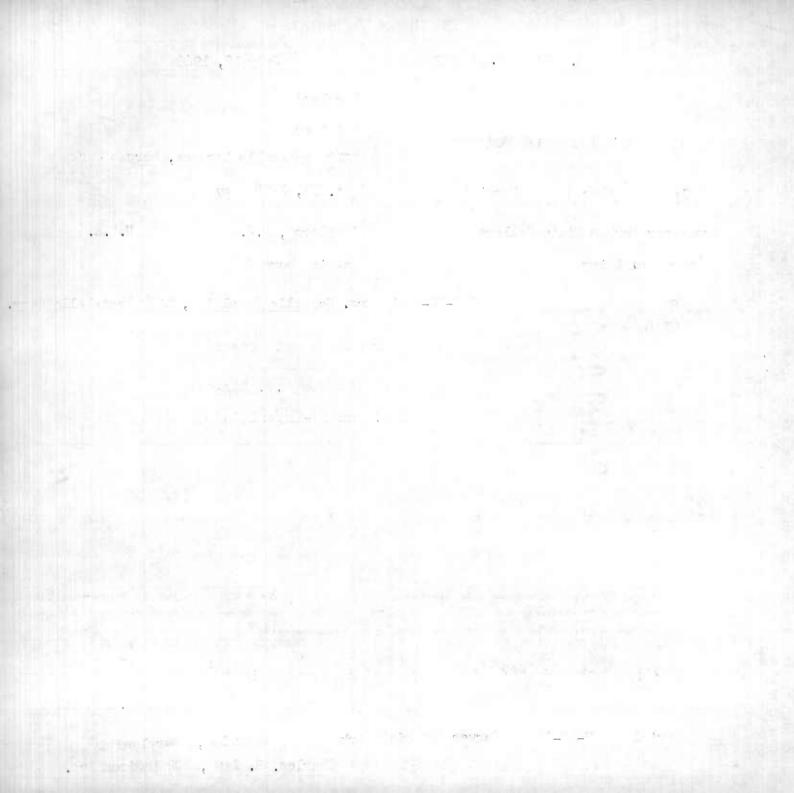
M.E. CASE NO.	
1. NAME OF DECEASED Type of Print)	2. DATE AND HOUR PRONOUNCED DEAD
NELLIE LINDSEY	7-13-66 9:30 A. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside carparate limits, write RURAL and give township)
HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION	7 111
1827 EAST EAGER STREET	Baltimore
1021 HUGT FURTH STUFFT	D. STREET ADDRESS (If rural, give location)
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	1827 E. Eager Street B. DAYE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Hrs.
Female Colored WIDOWED, DIVORCED (specify)	lost birthdoy Months, Days, Hours, Min.
IOA. USUAL OCCUPATION (Give kind of work IOB. KIND OF BUSINESS OR INDUSTR	12. CITIZEN OF WHAT COUNTRY?
tomolic	Sala ma Usa
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
nathan Kelly	link
5. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown), (II yes, give wor ar dates of service) SPOURITY NO.	17. INFORMANT ADDRESS
	Jams My
IB. CAUS	E OF DEATH INTERVAL BETWEEN
70001	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arter	riosclerotic cardiovascular disease
(This does not meon the made of dying e.g., heart lailure, asthenia, etc. It means the disease,	103C1ETOCIC CATUIQVASCUIAI UISEASE
injury or complication which coused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT BELATED TO THE	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OF CONDITION CAUSING IT	
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	No
O UNDERLYING OR CONTRIB- hame, form, factory, street,	in ar obaut 21C. WHERE DID (If in Baltimore City, give exoct location) office bldg., INJURY OCCUR?
UTING CAUSE OF DEATH.	
21D TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?
OF INJURY	WHILE
22.	WORX L
	utapsy and that an this basis, death in my aplnian
resulted fram: Natural causes X Accident \(\sigma \)	de Hamicide Undetermined manner
m/1. A 1/	CHIEF MEDICAL EXAMINER
SIGNATURE SIGNATURE M.D	ASSISTANT MEDICAL EXAMINER X
EYAMINED'S	ASSOCIATE MEDICAL EXAMINER 7-13-66
NAME (Type) RUDIGER BREITENECKER, MD	
23A. BURIAL CREMATION, 23B. DATE 23C. NAME OF CEMETERY	or CREMATORY 23D. LOCATION (City, town as county) (State)
Bury 1/2	1 mines of Daret Ration
24A. DATE REC'D BY HEALTH DEPT 24B, NAME OF REGISTRAR	24C FUNERAL DIACTOR ADDRESS
	+ KANA
JUL 18 1966 R. C. b E. Farley M. A.	les // Williams 170/n Bont
VS 151-REV. 1/1/65	77712





the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

	66 07246			HEALTH DEPARTMENT		66 07246
BIRTH NO. M.E. CASE NO.	00 07240		CERTIFICA	TE OF DEATH	Registered Na	00 07240
INAME OF DE	CEASED			2. DATE A	ND HOUR OF DEATH	
(Type or Print)	DR. GEOF	RGE H.	SPAULDING	Jul	v 12. 1966	
B. PLACE OF D	EATH IN BALTIMORE, MARY	LAND		4. USUAL RESIDENCE (Who	ere deceased lived, It in:	stitution: residence before odmissio
				A, STATE B, COUR	NIT	
HOSPITAL OF		institution,	give street	Maryland c. CITY OR TOWN (If or	Anistan also the in-	URAL and give township)
INSTITUTION					orside city lillins, write k	27-03
. 17.1	UNION MEMORIA	T UOC	DTMAT	Baltimore D. STREET ADDRESS (IF	rurol, give location)	21-03
44	UNION PERONIA	m nos	LITHE	2320 Montebel		Morgan Park
• SEX	6. RACE 7.	AA A PRIED	NEVER MARRIED	8, DATE OF BIRTH	9. AGE (In years	
		WIDOWE	D, DIVORCED (specify)		lost birthdoy)	Months Doys Hours Min.
Male	Colored	Marr		Sept. 11, 1908		
	of working life, even if retired)	IB, KIND OF	BOSINESS OK INDOSIKI	II. BIKIMPLACE (Slote or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
rofessor	Morgan State	Colleg	a	Whiteshore N.	J.	U.S.A.
3. FATHER'S NA	Morgan State (A WHAT OF		Whitesboro N.	ME	0,0,0,0
Henmr 6	Spaulding			Hattie Moore		
	ed Ever in U. S. Armed Forces	s?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknov	vn) (If yes, give wor or dotes	of service)	SECURITY NO.			
No			217-22-3302		Spaulding, 23	320 Montebello Te:
1B. 4	20,11		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DIREC	CTLY				OHZEL WHO DEVIN
171	LEADING TO DEATH			ronary Heart D	isease	
	nal mean the made of dy , asthenia, etc. II means th		DUE TO			
injury ar co	implication which caused de	eath.)	Harn	ortongius C W	Diggs	
	ANTECEDENT CAUSES		DUE TO	ertensive C.V.	DISEASE	***************************************
	OR CONDITIONS, if any			Cootne Enter	- +	
	he abave cause (A) si NG CONDITION last.	lating the	(C) CIII	. Gastro-Enter	TUS	
ONDEREIN						
Z OTHER SICE	II NIFICANT CONDITIONS COL	MTDIDILTIM	c			
TO THE	DEATH BUT NOT RELATE					
	R CONDITION CAUSING IT.	TION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No	o) 208. IF YES WERE F	INDINGS CONSIDERED
19A. DATE C	WAS PERFO		WITCH OF EXAMENT	31, 1103 51 11	IN CERTIFYING CAU	ISES OF DEATH?
21A, ACCID	ENT WAS UNDERLYING	21 R	PLACE OF INJURY (e-oii	n or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRI	ENT WAS UNDERLYING DEUTING CAUSE OF	hom etc.	ie, lorm, foctory, street, ol	n or obout 21C. WHERE DID	the bollinore	
	fy medical examiner)					
OF INJURY	(Month) (Doy) (Year) (INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)		Wh	ile At Not While	e 🗍		
22. cartif	y that (1) (this haspital) o			3_	19.65 ta	7- 1966
			7_	0 ((
) last saw the deceased				natin(my) (aur) apin	ian death accurred on the de
	,	abave. (i) (We) (did) (did nat) v	riew the bady after death.		
23A. SIGNAT	11 0				e. "	23B, DATE SIGNED
7	VII 7. 7110	and	M.D. Atte	s. Med. Director	Stoff Phys.	7-12-66
23 C. PHYSICI	AN'S			23 D. ADDRESS		
NAME	1.1,00		M.D.	1944 Druid H	Hill Ave R.	21 2/2 22 22
4A. BURIAL CR	EMATION, 248. DATE	24C. N	AME of CEMETERY OF CRE		3 100	alto. Md. 21217 y, town, or county (Stote)
REMOVAL					JUNE (CIT	7. IOWIL OF COUNTY) (STOTE)
Buri		Ca	rver Memorial		aurel Man	evland ADDRESS
5A. DATE REC'	JUL 18 1966 17	B. NAME C	OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
	AAL TO 1200 (1)	obut	E. Jarbey MA	Charles. F	l. Law, 802	Madison Ave.
'S 150-REV, 1/1	/65					



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BIRTH NO. 66 1724	7 CERTIFICA	TE OF DEATH Registered No.	. 66 07247
I. NAME OF DECEASED	-1	2. DATE AND HOUR OF DEAT	н
(Type or Print) Edmonia Daugh	tery	July 16, 1966	12: 15 a. N
3. PLACE OF DEATH IN BALTIMORE, MAI		4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before admission)
HOSPITAL OR oddress or location		Maryland C. CITY OR TOWN (If outside city limits, write	e RURAL and give township)
Provident Hosp		Baltimore	11-02
29 1514 Division		D. STREET ADDRESS (If rurol, give location)	
Baltimore, Mar		629 W. Lanvale Street	
Female Negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily) WIDOWED	B. DATE OF BIRTH 9. AGE (In years lost birthday) April 12, 1895	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. STRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife		Virginia	U.S.A.
3. FATHERS NAME		14. MOTHER'S MAIDEN NAME	000000
Al Carpenter		Eliza Arrington	
5. Was Deceased Ever in U. S. Armed Ford Yes, no or unknown) (If yes, give wor or dote:	s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	219-30-3574	Mrs. Emma Carpenter, 629	W. Januale St.
18,///2 × +12(0		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
injury or complication which coused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if or tise to the above cause (A) UNDERLYING CONDITION last.	ony, giving stoting the (C)	iahets helities and rampere of Rt for	+-,
DISEASE OR CONDITION CAUSING I	T. DITION FOR WHICH OPERATION		E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)	in or obout 21C. WHERE DID (If in Baltim office bldg., INJURY OCCUR?	ore City, give exact location)
21D. TIME (Month) (Doy) (Yeor)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
ĕ OF INJURY (APPROX.)	While At Not Whi	le	
	Work At Work		
22. I certify that (I) (this hospital			July 16, 19 66
that (I) (we) lost sow the decease	d olive on July 16,	19 66 and that in (my) (our) o	pinion deoth occurred on the dat
ond hour and from the couses stat	ed above. (!) (We) (dld) (did not)	view the body ofter death.	
23A. SIGNATURE			23B, DATE SIGNED
Sterch 10	under M.D. AH	tending Med. Stoff Phys. K	July 16, 1966
23C. PHYSICIAN'S NAME (Type)	111	23D. ADDRESS	0423 2700
	HUNDERS. M.D.	1514 Division Street	
4A. BURIAL CREMATION. 24B. DATE REMOVAL (Specily)	24C. NAME OF CEMETERY OF CR		City, town, or county) (State)
Burial 1 7-19-60	6 Mt. Auburn Ceme	tery Baltimore, Ma	ryland
SA. DATE REC'D WHEALTH SEP 966	258 NAME OF REGISTRAR VIOLEUS E. Farley M.B.	Charles R. Law 802 Madi	ADDRESS
/S 150-REV. 1/1/65	- WAREON	Annual land in and annual and a supply	

Baltimore, Maryland liennb.Fil Then le Negro

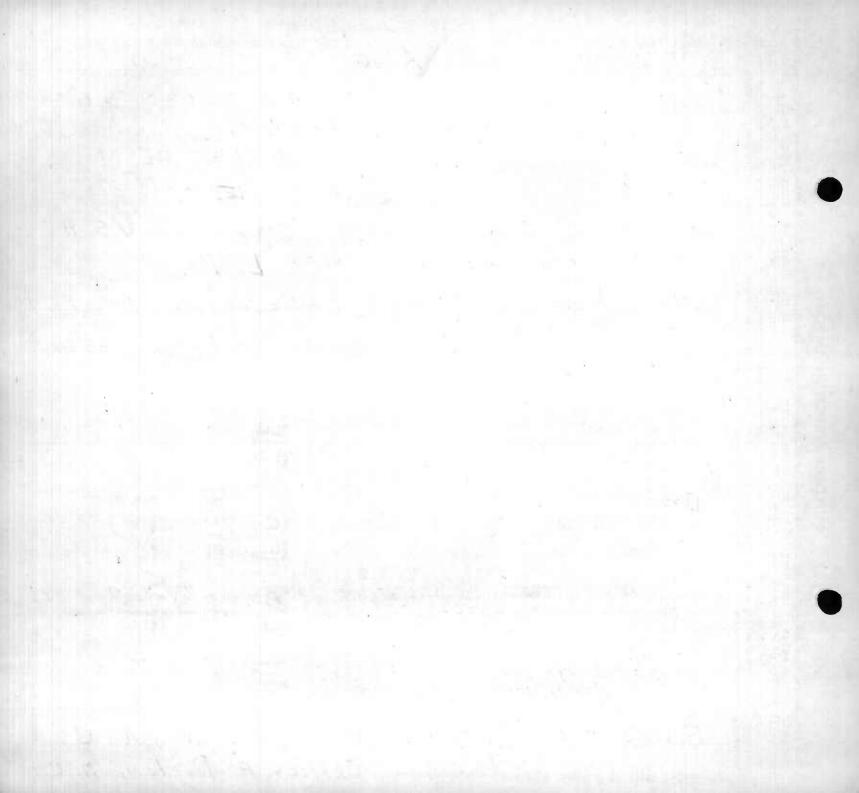
529 W. Lauvele Street

Virginia

1511 Division Street

O AL VIOL

66 07248	BALTIMORE CITY	HEALTH DEPARTMENT		CC 17940
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na	66 07248
M.E. CASE NO. 1. NAME OF DECEASED	4.4	2. DATE AN	D HOUR OF DEATH	6
(Type or Print) MORRISON !	PAVID KIN	IC TILLY	12,9:30	DMI.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	71010 1110	4. USUAL RESIDENCE When	e deceased lived. If ind	titution: residence before odmission
		A. STATE B. COUN		
FULL NAME OF (If not in hospital or institution oddress or location)	on, give street	C. CITY OF TOWN (If out	side city limits, write Ri	ore, USA
INSTITUTION	41.000001	4		URAL ond give township)
FIRANKLIN NGUARE	HOSPITAL	BALTIMO D. STREET ADDRESS (III	rurol, give location)	1-01
36		16.8 1141	OTOPO 11	17 11
SEX 6. RACE 7. MARRI	IED, NEVER MARRIED	B. DATE OF BIRTH	TURU AV	E 14
	WED, DIVORCED (specify)		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
MALL NEGRO SE	P.	7,23,28	F 5/	
OA, USUAL OCCUPATION (Give kind of work 10B, KIND lone during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	EL DRUM CO.	NORTH CAR	DIINIA	U.S.A.
3. FATHERS NAME		14. MOTHERS MAIDEN NAM	VE .	7 7 11
AUARI IT MARRIE	0.4/	MARY \$	P +1	To and stage of the
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	Beth	ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of service				
No none	243-38-60	Pg Spllie	MOTHISON	1 1028 W. Sprat
18. 44.11.1 X	CAUSE OF	DEATH	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	INTERVAL BETWEEN &
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	(A) (Congestive to	leart faile	110 33 DAYS
(This daes not mean the made of dying, e heart failure, asthenia, etc. It means the disea	.g., DUE TO			()
injury ar camplication which caused death.)	156,	I home		
ANTECEDENT CAUSES	(B)	NICHICA		
DISEASES OR CONDITIONS, if any, giv	DUE TO	unliquant	1. 6	
rise to the above cause (A) stating	The (C)	moring want	Ryperre	rum
UNDERLYING CONDITION last.			//	
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO	TING			
DISEASE OR CONDITION CAUSING IT.				
198. CONDITION FO	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
ER L				
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, off	or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
DEATH (notify medical examiner)	etc.)			
	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
₩ OF INJURY	While At Not While			
	Work At Work			
22. I certify that (I) (this haspital) attende	d the deceased from J	UNE 9 1	9 66 to JUL	12 1966
that (1) (we) last saw the deceased alive a	in JULY 12	19 66 ond the	at in (my) (aur) opin	ian death occurred on the de
and haur and from the causes stated above	. (1) (We) (did) (did not) v			
23A. SIGNATURE	(,, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	The body dilet dealits		23 B. DATE SIGNED
10 10 al 1	M.D. Affer	nding Med.	Stoff	//
23C. PHYSICIAN'S	Phys		Phys.	7,12,66
NAME (Type)	2	3D. ADDRESS		
CARVICE	M.D.			
24A. BURIAL CREMATION, 24B. DATE 24C	NAME of CEMETERY OF CRE	MATORY 24D. LC	OCATION (City	, town, or county) (Stote)
REMOVAL (Specify)	o + 11	0	1115-41	11 1.
25A, DATE REC'D BY HEALTH DEPT. 25B, NAN	ESI TAVE	25C. FUNERAL DIRECTOR	140011	ADDRESS.
ZOD NAN	O Y O	OF /	n h	ADDRESS
111 1 8 1966 1 0	Br & Farberta	Chatles,	H Word	ex, 71. C.
VS 150-REV. 1/1965.				



The state of the s

· Targett Day of . I - The

the Such

20

Deceased

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2, DATE AND HOUR OF DEATH (Type or Print) MARY GLOVER. 4. USUAL RESIDENCE (Where do 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4339 REISTERTOWN ROAD FULL NAME OF It not in hospital or institution, give street HOSPITAL OR oddress or location) 4339 REISTERTOWN ROAD.

C. CITY OR TOWN (It outside city limits, write RURAL and give township) INSTITUTION D. STREET ADDRESS CITY ROAD. REISTERTOWN 5. SEX 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yea If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthdoy Months Doys Jan. 23, FEMALE. WID)W. COLORED. 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even il retired) HOUSE WORK. HOME. Beckley West Va. 13. FATHER'S NAME Hilia Brown Albert Roberts 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. None Mrs. Lillian Mann, 2336 Madison Ave. No CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CHRONIC MYOCARDITIS FEBRUARY 12 1965. IThis does not mean the made of dying, e.g., heall failure, asthenia, etc. It means the disease. injury at camplication which caused death.) ATRERIOR SCLEROSIS FEBRUATY 12 1965 ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving SENILITY. rise to the abave cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED OA. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) NONE . NONE . NONE home, lorm, toctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) NONE MEDI 21D. TIME (Month) (Doy) (Yearl (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While ATNONE (APPROX) NONE NONE At Work 22. I certify that (V (this hospital) attended the deceased from FEBRUARY 12 1965. ta JULY 14 1944 and hour and from the causes stated above. (1) (We) (did) (did new) view the bady after death. NONE 23A, SLONATUR 23 B. DATE SIGNED Attending Phys. Med. Stoff Director Phy s. 23D. ADDRESS CLAUNTICE 3013 SAINT M.D. PAUL STREET JULY 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify)

VS 150-REV. 1/1/65

7018-66

Burial

25A. DATE REC'D BY HEALTH DEPT.

New Cathedral

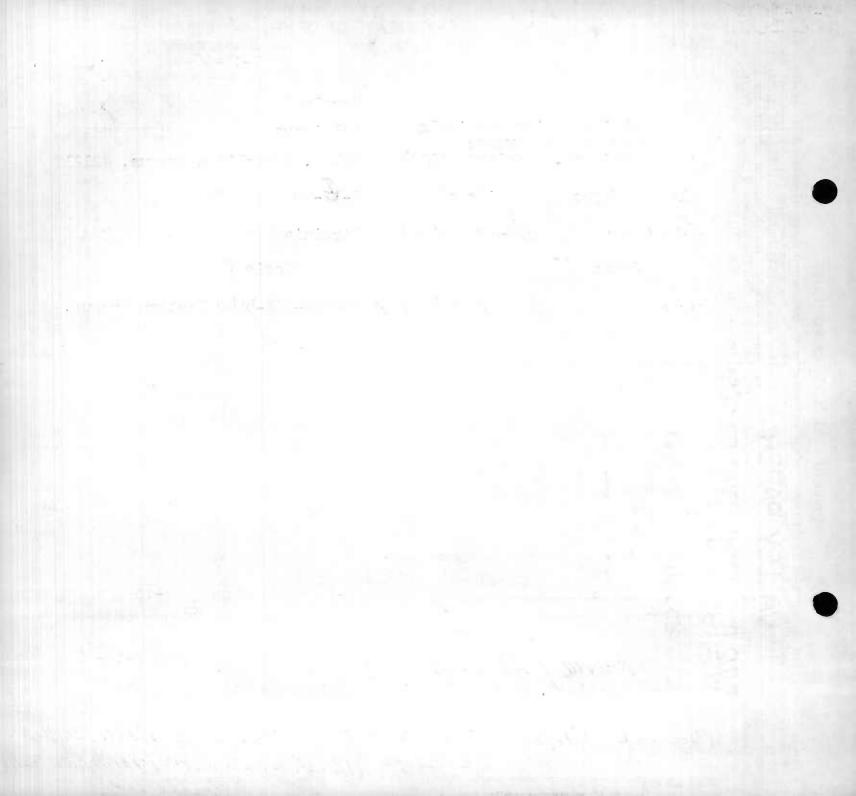
258. NAME OF REGISTRAR

Baltimore, Maryland 25C. FUNERAL DIRECTOR

ADDRESS

Charles R. Law. 802 Madison Ave.

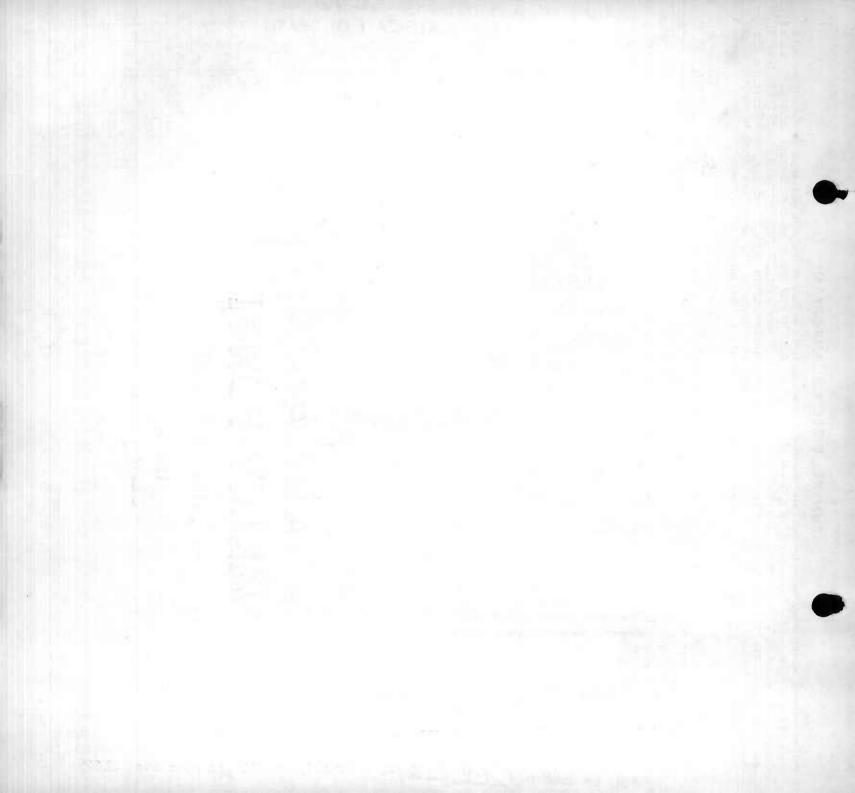
1. 人名英格里斯斯 12 · 1 · 1 A THE SELECTION OF THE ę Smins . . . TANK THE POLICE OF THE PROPERTY OF THE PARTY THE REPORT OF THE PROPERTY OF THE PARTY OF T The state of the s . The second of th A March of States of Control of the THE RESIDENCE OF THE SECOND SE



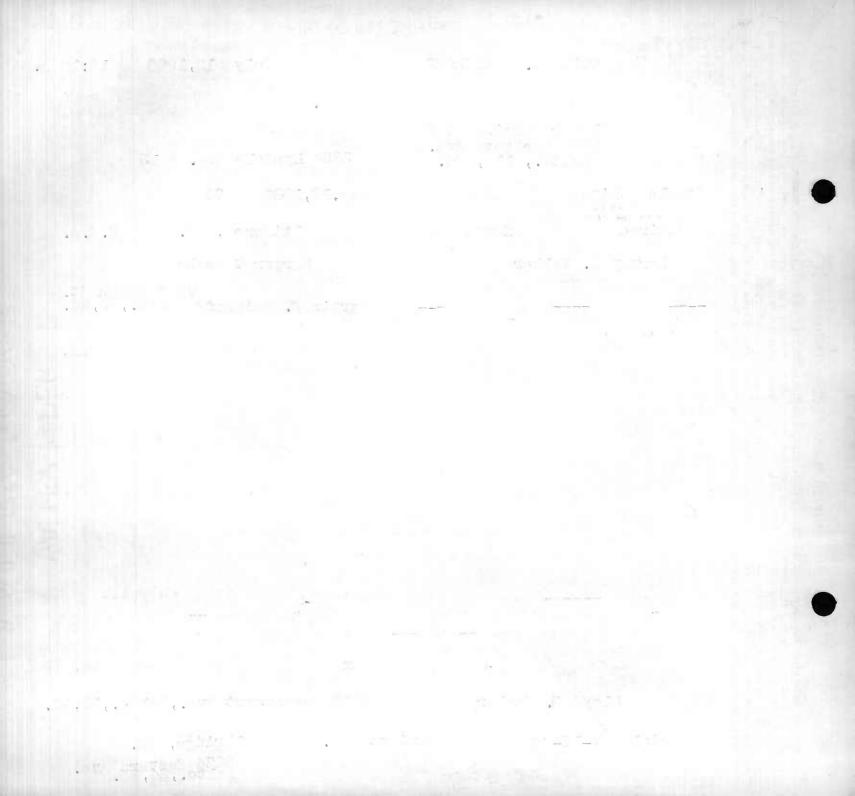
VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

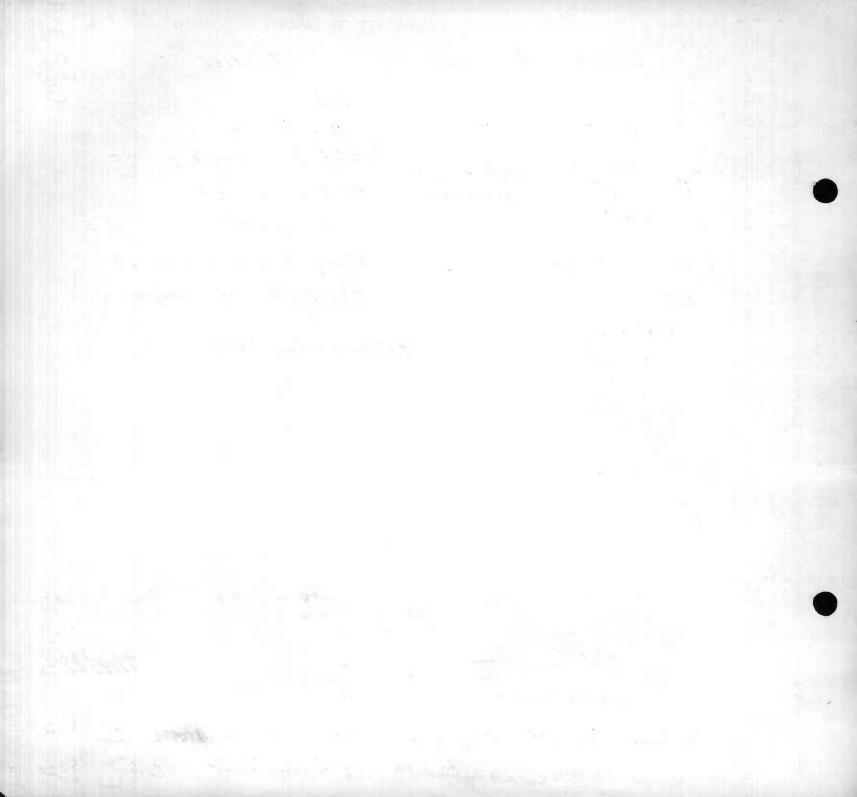
Line was ready AND APPROXIMENT OF THE PARTY.



VS 150-REV. 1/1/66



66 072	BALTIMORE CI	TY HEALTH DEPARTMENT		66 07255			
IRIH NO.	CERTIFIC	ATE OF DEATH	TE OF DEATH Registered Na.				
M.E. CASE NO.	F 0 1-	2. DATE AN	D HOUR OF DEATH				
Type or Print) Lillie	E. Poole	7/	14/66	1.4			
B. PLACE OF DEATH IN BALTIMORE,	MARYLAND	4. USUAL RESIDENCE (When	re deceased lived. If inst	titution; residence before admis			
FULL NAME OF (If not in hospi	tol or institution, give street	Md.		20-08			
HOSPITAL OR oddress or loce	otion)	C. CITY OR TOWN (If out	tside city limits, write RL	JRAL ond give township)			
Hood C	ONV. HOME	D. STREET ADDRESS (IF	Re				
Gn							
70		226 S. Mo	NAS TERY	Are			
SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORGED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours M			
OA. USUAL OCCUPATION (Give kind of	WIdowed			12. CITIZEN OF			
one during most of working life, even if retire		MARYIM	1	WHAT COUNTRY?			
				05			
3. FATHER'S NAME	1	14. MOTHER'S MAIDEN NAM		_			
FRANCIS Meyo		MARY ANN	SCHWAK	opt			
5. Was Deceased Ever in U. S. Armed es, no or unknown) (If yes, give wor or o	Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
No	SECORITI NO.	John Poole	717 Cloudy	IFOLD Dr			
18.	CAUSE	OF DEATH		INTERVAL BETWEEN			
DISEASE OR CONDITION				ONSET AND DEATH			
LEADING TO DEAT		to in la to	UDum	3			
(This does not meen the mode	of dying, e.g., DUE TO	, 0					
heoil foilure, astherio, etc. It med							
injury or complication which cous							
ANTECEDENT CAUS	DUE TO		***************************************				
rise to the obave couse (DISEASES OR CONDITIONS, if ony, giving rise to the obave couse (A) stoling the (C)						
rise to the obave couse (A) sloting the (C) UNDERLYING CONDITION lost,							
ll l							
OTHER SIGNIFICANT CONDITIONS							
DISEASE OR CONDITION CAUSIN	G IT.						
	ONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?			
2) A ACCIDENT	010 01 00 00 00	1 1010					
OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)			
DEATH (notify medical examiner)	etc.)						
21D. TIME (Month) (Doy) (Ye	or) (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?				
(APPROX)	While At Not W						
22			10 ()	0 11.1			
	tal) attended the deceased fram		19 6 × 10	14 196			
that (I) (we) last saw the dece			at in(my) (our) apini	an death accurred an the			
	tated abave. (I) (We) (did) (did nat	view the bady after death.		14.3			
23A. SIGNATURE				23B. DATE SIGNED			
(anh			Stoff Phys.	7/14/66			
23C. PHYSICIAN'S	23C. PHYSICIAN'S 23D. ADDRESS						
	NAME (Type) De Lit Koch mond M.D. 1219 4, Celest 82						
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF		OCATION (City,	, town, or county) (Ste			
REMOVAL (Specify)	1. 11. 1		9.5				
13WRIAL 1/16.	166 Holy CROS.		NARUNDEL				
SA. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	00	ADDRESS			
1111 1 8 1966	Robert E. Farkuna	E. & Mac	1/all- (alons ville 28			
\$ 150-REV. 1/1969 - 10 1300	A Property			20-120-20-20-20-20-20-20-20-20-20-20-20-20-2			



ATTENDED ATTENDED TO

AND THE RESERVE TO SERVE THE PARTY OF THE PA

A STORE OF THE PARTY OF THE PAR

car Walley Gramma from Haller to Han W. BARROT

OF DEATH	
DE DEATH	3:30 a. N
lived. If in	stitution: residence before admission)
fore	
nits, write	RUBAL and give township)
R.	D. 21078
ocotion)	
	62-00
GO CO	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
	12, CITIZEN OF
	WHAT COUNTRY?
	·
,	ADDRESS .
et	
-1	
	INTERVAL BETWEEN ONSET AND DEATH
as 74	Over one year
as 74	Over one year
as 74	Over one year
arth	Over one year
	Over one year
ES. WERE 1	ONSET AND DEATH OVER ONE YELL FINDINGS CONSIDERED
ES. WERE 1	Over one year
es, were f	ONSET AND DEATH OVER ONE YELL FINDINGS CONSIDERED

23B. DATE SIGNED

(City, town, or county)

9. AGE

24D. LOCATION

	(A) C			/		
oes not mean the mode of dying, iluse, asthenio, etc. It meons the dise a complication which caused death.)	e.g., DUE TO EXTEN	usim colless on dany infec	hest and			
ANTECEDENT CAUSES	(B)					
ES OR CONDITIONS, if any, gi the obove cause (A) stating LYING CONDITION last.		(C)				
II SIGNIFICANT CONDITIONS CONTRIBL 1E DEATH BUT NOT RELATED TO E OR CONDITION CAUSING IT.	ITING THE					
TE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED		20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
CIDENT WAS UNDERLYING TITRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in or home, form, foctory, street, office etc.)		(If in Boltimore City, give exact location)			
NE (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED White At Not While Work	21F. HOW DID INJU	RY OCCUR?			
ertify that (1) (this haspital) attend (we) lost saw the deceased alive	/ / ·	19 6 and the	t in(my) (our) opinion death accurred on t	6.4		

BALTIMORE CITY HEALTH DEPARTMENT

TO SHORE

2 10-W

215-16-9536

- TUNTY ME ANGEL HILL CEM HAVE DEGINEZ. UTD KANDOSIN MITCHEH HAVNE DEGINGE of death Deceased

Cause

hospital

the uch

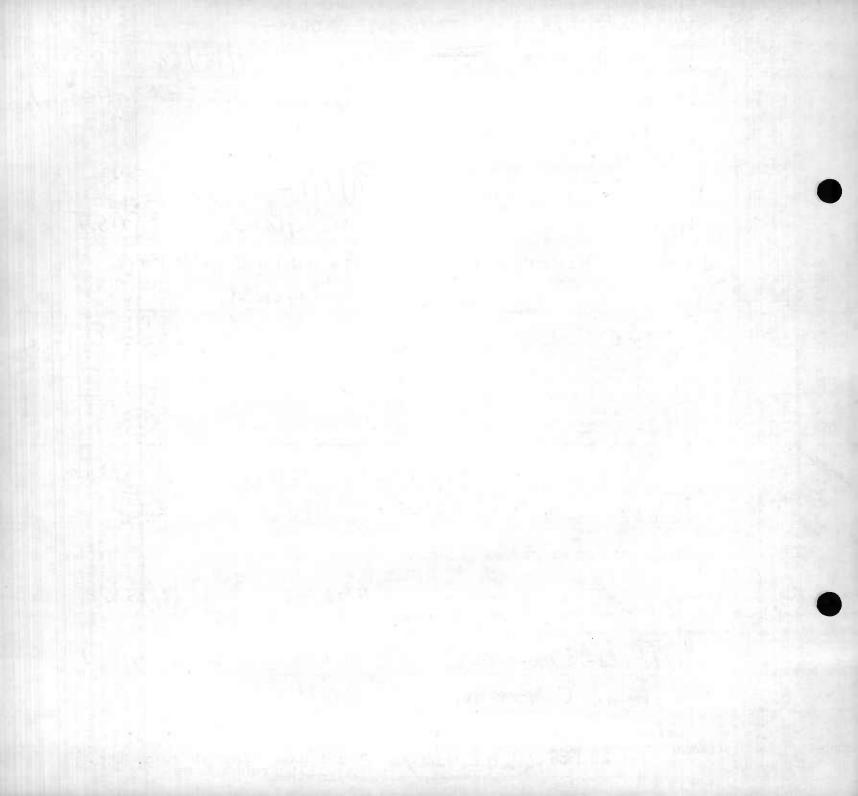
uo

attendance cause; (5)

death.

0

Schimunek Funeral Home, Inc.
3331 Brehms Lane VS 150-REV, 1/1/65



66 07260

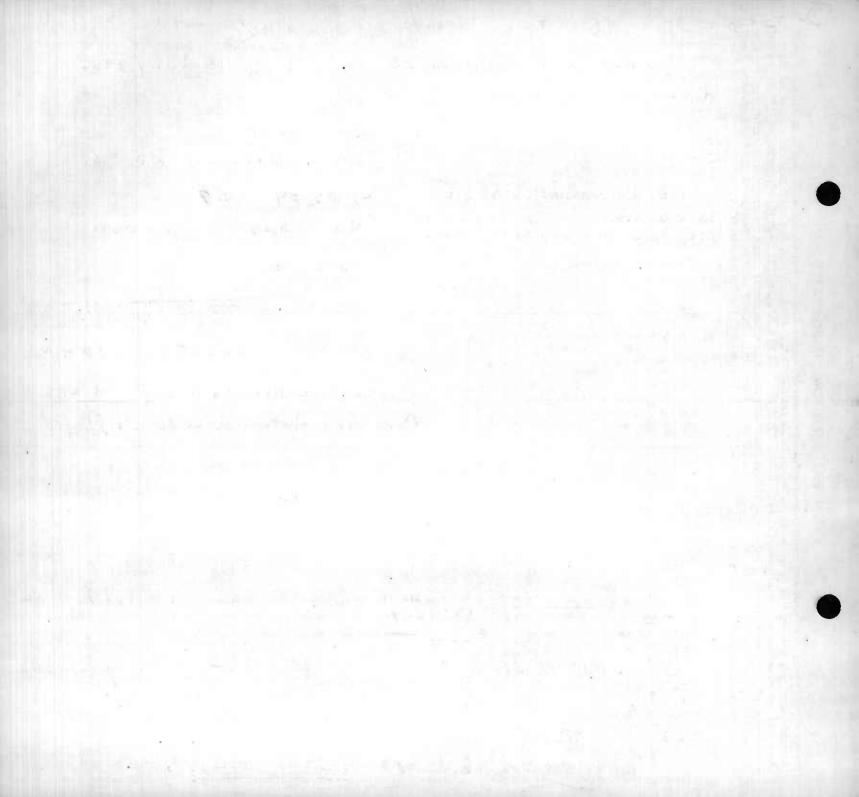
BIRTH NO.

M.E. CASE NO.

VS 150-REV. 1/1/65

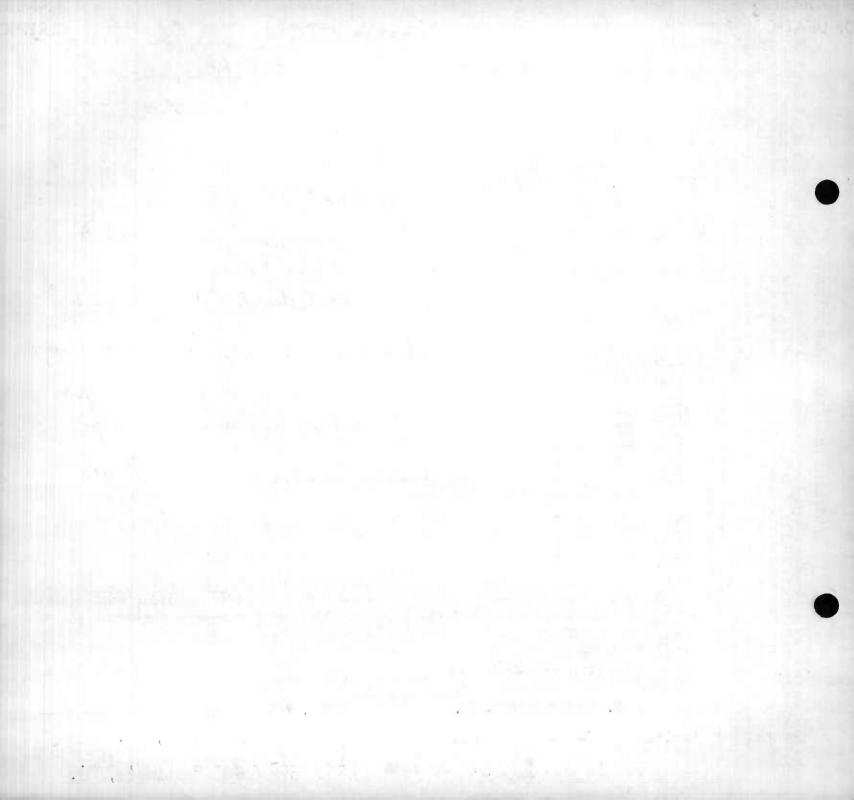
BALTIMORE CITY HEALTH DEPARTMENT

66 07280 Registered No. CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH 13 NUL 4. USUAL RESIDENCE (Whole deceased lived, If institutions residence before admission) (If outside city limits, write RURAL and give tawnship) (If rurol, give lacation) ARFORD D 9. AGE (In vegts If Under 1 Yr. Manths: Doys If Under 24 Hrs. Hours Min. Hours tost birthd 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS Margaret E. Dunsmore (nee Gagalski), INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact lacotion) 13 LOLY 238. DATE SIGNED Baltimore, Md. Schimunek Funeral Home, Inc. ADDRESS Brehms Lane



ę Marine Martin i i FUNERAL DIRECTOR: IMPORTANT

THE NAME OF DEATH RESIDENCE FOR THE PROPERTY OF THE PROPERTY O	* 00 0700	BALTIMORE CIT	TY HEALTH DEPARTMENT		66 07262			
NAME OF BEELASED THE ADDRESS OF CONDITION DIRECTLY LATERS AND SCUP ARDOLLON DIRECTLY LATERS AND SCUP ARDOLLON DIRECTLY LATERS OR CONDITION DIRECTLY LATERS OR CONDITION DIRECTLY LATERS OR CONDITION DIRECTLY LATERS OR CONDITION DIRECTLY LATERS OR CONDITIONS CONDITIONS CAUSE OF DEATH ADDRESS OR CONDITION DIRECTLY LATERS AND SCUP ARD SCHOOL SCHOOL DIRECTLY LATERS AND SCHOOL DIRECTLY		CERTIFICA	ATE OF DEATH	Registered No.	00 01200			
FLACE OF DEATH IN ANTHORE, MARTLAND R. FRACE OF DEATH IN ANTHORE, MARTLAND R. FOUL NAME OF MOSPITAL OR INSTITUTION RESIDING. FULL NAME OF MOSPITAL OR INSTITUTION FULL NAME OF BUSINESS OR RIDUSTRY II. BRITISHACE (Buts or feetings crustly) FULL NAME OF MOSPITAL OR INSTITUTION FULL NAME OF BUSINESS OR RIDUSTRY II. BRITISHACE (Buts or feetings crustly) FULL NAME OF BUSINESS OR RIDUSTRY II. BRITISHACE (Buts or feetings crustly) FULL NAME OF BUSINESS OR RIDUSTRY II. BRITISHACE (Buts or feetings crustly) FULL NAME OF BUSINESS OR CONDITION DIRECTLY FULL NAME OF BUSINESS OR CONDITION OF BUSINESS OR INDUSTRY II. BRITISHACE (Buts or feetings crustly) FULL NAME OF BUSINESS OR CONDITION OF BUSINESS OR INDUSTRY II. BRITISHACE (Buts or feetings crustly) FULL NAME OF BUSINESS OR CONDITION OF BUSINESS OR INDUSTRY II. BRITISHACE (Buts or feetings crustly) FULL NAME OF BUSINESS OR CONDITION OF BUSINESS OR INDUSTRY II. BRITISHACE (Buts or feetings crustly) FULL NAME OF BUSINESS OR CONDITION OF BUSINESS OR INDUSTRY II. BRITISHACE (Buts or feetings crustly) FULL NAME OF BUSINESS OR CONDITION OF BUSINESS OR INDUSTRY II. BRITISHACE (Buts or feetings crustly) FULL NAME OF BUSINESS OR CONDITION OF BUSINESS OR INDUSTRY II. BRITISHACE (Buts or feetings crustly) FULL NAME OF BUSINESS OR CONDITION OR WITHOUT OF BUSINESS OR INDUSTRY II. BRITISHACE (Buts or feetings crustly) FULL NAME OF BUSINESS OR CONDITION OR STATES OR INDU	NAME OF DECEASED		2, DATE AND	HOUR OF DEATH	-70			
FLACE OF GRATE IN BAY HANDSE, MARKLARD FULL NAME OF (II not in hospital or institution, give sheet defense an incomman of the content of the	Type or Print) Rn. 1	Care	4 12	.11	1 50			
FILL MANE OF MANE OF MASSIED OF INSTITUTION IN THE MASSIED OF INST	PLACE OF DEATH IN BALTIMORE, MARYLAI	10 CLIZE	4. USUAL RESIDENCE (Where d	0.0	n: residence before odn			
ADDRESS INSTITUTION TO W. 40 M. 50 M.			1 0	13	17			
RESTRICTION RESULT K, 700 W. 40 Yh. ST. RECURT NOTICE TO STREET ADDRESS (II rure), give location DISTASS OR CONDITION DIRECTLY LEADING TO DEATH This does not mean the mode of dyng, e.g., ringing at complication which coused death.) ANDERSS OR CONDITION DIRECTLY LEADING TO DEATH This does not mean the mode of dyng, e.g., ringing at complication which coused death.) ANTECEDRIT CAUSES DIREASES OR CONDITIONS, II any, giving ties to the obove couse (I) statistics to the statistics of t		titution, give street		- /3	, -0/			
DEATH ADDRESS III rurol, give laced and work look kind of work look look look kind of work look look look look look look look l	INSTITUTION	,	C. CITY OR TOWN (If outside	city limits, wate RURAL	and give to (nship)			
SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 10. DE (B. vevers) 10. ST. 11. Under J. VI. 12. INTERVALE (State of lower) country) 12. CHIZEN O' WHAT COUNTRY? 12.	Karnick MANU	40 Yh. 51						
WIDOWED DIVORCED LIPSCHIP AN SUAL OCCUPATION (Give kind of work 100, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or loreign country) BALLY AND CONTROL WORK 18 AND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or loreign country) BALLY AND CONTROL WAS CONTROL OR BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or loreign country) BALLY AND CONTROL WAS CONTROL OR BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or loreign country) BALLY AND CONTROL WAS CONTROL OR BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or loreign country) BALLY AND CONTROL WAS CONTROL OR BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or loreign country) LEADING CONTROL WAS CONTROL OR BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or loreign country) LEADING CONTROL WAS CONTROL OR BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or loreign country) LEADING CONTROL WAS CONTRIBUTING 10. SECURITY NO. CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CONTROL WAS CONTRIBUTING 10. BIRTHPLACE (Slote or loreign country) ANTECEDENT CAUSES DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 10. HE SIGNIFICANT CAUSES OF DEATH OR CONTRIBUTING CAUSE OF 10. HE SIGNIFICANT CAUSES OF DEATH 272. ACCIDENT WAS UNDERLYING 10. HOURS CONTRIBUTING 10. HE SIGNIFICANT CAUSES OF DEATH 272. ACCIDENT WAS UNDERLYING 10. HOURS CONTRIBUTING CAUSES OF DEATH DISCASSION OF THE SIGNIFICANT CAUSES OF DEATH 273. SIGNATURE (Month) (Day) (Food) (Hour) 274. AUGUST 10. HE SIGNIFICANT CAUSES OF DEATH 275. SIGNATURE (Month) (Day) (Food) (Hour) 276. DATE OF THE SIGNIFICANT CAUSES OF DEATH 277. MAD A HENDER CONTRIBUTION (AUGUST COURT) WAS CAUSED TO THE COUNTRY CAUSE OF DEATH 278. SIGNATURE (Month) (Day) (Food) (Hour) (Hour) (Food) (Hour) (Food) (Hour) (Hour) (Food) (Hour) (Hour) (Food) (Hour) (Hour) (Hour) (Hour) (Hour)	116820164110000.		D. STREET ADDRESS (If rurol	i, give facation)	-			
WIDOWED DIVORCED LIPSCHIP AN SUAL OCCUPATION (Give kind of work 100, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or loreign country) BALLY AND CONTROL WORK 18 AND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or loreign country) BALLY AND CONTROL WAS CONTROL OR BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or loreign country) BALLY AND CONTROL WAS CONTROL OR BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or loreign country) BALLY AND CONTROL WAS CONTROL OR BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or loreign country) BALLY AND CONTROL WAS CONTROL OR BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or loreign country) LEADING CONTROL WAS CONTROL OR BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or loreign country) LEADING CONTROL WAS CONTROL OR BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or loreign country) LEADING CONTROL WAS CONTRIBUTING 10. SECURITY NO. CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CONTROL WAS CONTRIBUTING 10. BIRTHPLACE (Slote or loreign country) ANTECEDENT CAUSES DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 10. HE SIGNIFICANT CAUSES OF DEATH OR CONTRIBUTING CAUSE OF 10. HE SIGNIFICANT CAUSES OF DEATH 272. ACCIDENT WAS UNDERLYING 10. HOURS CONTRIBUTING 10. HE SIGNIFICANT CAUSES OF DEATH 272. ACCIDENT WAS UNDERLYING 10. HOURS CONTRIBUTING CAUSES OF DEATH DISCASSION OF THE SIGNIFICANT CAUSES OF DEATH 273. SIGNATURE (Month) (Day) (Food) (Hour) 274. AUGUST 10. HE SIGNIFICANT CAUSES OF DEATH 275. SIGNATURE (Month) (Day) (Food) (Hour) 276. DATE OF THE SIGNIFICANT CAUSES OF DEATH 277. MAD A HENDER CONTRIBUTION (AUGUST COURT) WAS CAUSED TO THE COUNTRY CAUSE OF DEATH 278. SIGNATURE (Month) (Day) (Food) (Hour) (Hour) (Food) (Hour) (Food) (Hour) (Hour) (Food) (Hour) (Hour) (Food) (Hour) (Hour) (Hour) (Hour) (Hour)			700 W. 40-0 7.					
A USUAL OCCUPATION (Give lind of wish los RIND OF BUSINESS OR INDUSTRY 17. BIRTHRACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MANNE 15. A MOTHER'S MAIDEN NAME 16. ADDRESS 17. INFORMANT 18. ADDRESS 19. ADD					B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 1 Yr. Months! Doys Hours			
TOWN LOUNTRY W.S. A. MOTHERS MAIDEN NAME TOWN LOUNTS Q. INVESTIGATION OF MAIN COUNTRY W.S. A. MOTHERS MAIDEN NAME TOWN LOUNTS Q. INVESTIGATION OF MAIN COUNTRY W.S. A. MOTHERS MAIDEN NAME TOWN LOUNTS Q. INVESTIGATION OF MAIN COUNTRY W.S. A. MOTHERS MAIDEN NAME TOWN LOUNTS Q. INTERNAL BETWEEN ONSET AND DEATH INTERNAL BETWEEN ONSET AND DE	I W	IDOWED DIVORCED (specify)	7067 1878 1051	O C	ms Doys Hours			
14. MOTHERS MAINE 14. MOTHERS MAIDEN NAME 14. MOTHERS MAIDEN NAME 14. MOTHERS MAIDEN NAME 14. MOTHERS MAIDEN NAME 15. MOTHERS MAIDEN NAM	A. USUAL OCCUPATION (Give kind of work 108,	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or foreign	country) 12, 1	CITIZEN OF			
14. MOTHERS MAIDEN NAME Mail Long Record Reversed Rev	one during most of working tife, even if retired)			· · · · · · · · · · · · · · · · · · ·	WHAT COUNTRY?			
TOWN L. CVN 5 Q Was Daceased Even in U. S. Amad Forces? Was Daceased Even in U. S. Amad Forces? Security Nd. Was Daceased Even in U. S. Amad Forces? Security Nd. Was Daceased Even in U. S. Amad Forces? Security Nd. Was Daceased Even in U. S. Amad Forces? Security Nd. Was Daceased Even in U. S. Amad Forces? Security Nd. Was Daceased Even in U. S. Amad Forces? Security Nd. Was Daceased Even in U. S. Amad Forces? Security Nd. Was Daceased Even in U. S. Amad Forces? Security Nd. Was Daceased Even in U. S. Amad Forces? Security Nd. Was Daceased Even in U. S. Amad Forces? Security Nd. Was Daceased Even in U. S. Amad Forces? Security Nd. Was Daceased Even in U. S. Amad Forces? Security Nd. CAUSE OF DEATH	Housewife			W.S.A.				
18. AS Decessed Eve in U. S. Armed Forces? 16. SOCIAL SECURITY No. SECURI	B. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
TOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION IS. 213. ACCIDENT WAS UNDERLYING DISEASE OF CONDITION FOR WHICH OPERATION DISEASE OF CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION S. 213. ACCIDENT WAS UNDERLYING DISEASE OF CONDITION FOR WHICH OPERATION DISEASE OF CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITIONS CONDITIONS FOR WHICH OPERATION DISEASE OF CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OF CONDITIONS TO THE DISEASE OF CONDITION WAS UNDERLYING DISEASE OF CONDITION OF RELATED DISEAS	John L Owisa		M-1: 1 R-1	a a la ca				
SECURITY NO. INTERVAL BETWEE ONSET AND DEA INTERVAL BETWEE ONSET AND DEA SECURITY NO. INTERVAL BETWEE ONSET AND DEA SECURITY NO. INTERVAL BETWEE ONSET AND DEA INTERVAL BETWEE ONSET AND DEA SECURITY NO. INTERVAL BETWEE ONSET AND NO. INTERVAL	. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL		PVO	ADDRESS .			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foliuse, astheric, etc., It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving isse to the above cause (A) stoling the UNDERLYING CONDITION test. OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION FOR WHICH OPERATION 19A.DATE OF OPERATION [19B. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORM	es, no or unknown) (If yes, give war or dates of		0 1 2 1	1011	1 1			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart folius, astheric, etc., It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it ony, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITION SOLOTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION AUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING CAUSE OF CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING CAUSE OF CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING CAUSE OF CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING CAUSE OF CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING CAUSE OF CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING CAUSE OF CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING CAUSE OF CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING CAUSE OF CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING CAUSE OF CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING CAUSE OF CONDITION FOR WHICH OPERATION CAUSES OF DEATH? AND WAS CONTRIBUTING CAUSE OF CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING CAUSE OF CONDITION COURSE ON THE CONDITION CAUSE OF CAUSE OF COURSE OF COUR		-	populard) N. W.	Munick			
DISEASE OR CONDITION DRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foliure, asherie, etc., II means the disease, injury or complication which coused deeth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving itse to the above couse (A) sloting the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 10 THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 11 JA. ACCIDENT WAS DEPERTURED 21 A. ACCIDENT WAS DEPERTURED 22 A. ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION 22 A. ACCIDENT WAS UNDERLYING 22 A. ACCIDENT WA		CAUSE	OF DEATH					
(This does not mean the made of dying, e.g., heart foliure, eshane), etc. It means the disose, injury or complication which coused desh.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the UNDERLYING CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 10 THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 12 JOA. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20.A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 12 JOA. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20.A. AUTOPSY? (Yes or No.) 20.B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 13 JOA. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20.A. AUTOPSY? (Yes or No.) 20.B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 13 JOA. DATE OF OPERATION 20.B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 14 JOAN 20.B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 15 JOAN 20.B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 16 JOAN 20.B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 17 JOAN 20.B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 18 JOAN 20.B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19 JOAN 20.B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19 JOAN 20.B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21 JOAN 20.B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 22 JOAN 20.B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 23 JOAN 20.B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 24 JOAN 20.B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 25 JOAN 20.B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 26 JOAN 20.B. IF YES, WER	, ,	Y	0		ONSET AND DEA			
heart failure, asthemic, alc, II means the diseases, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH ROLL OF THE DEATH ROLL	LEADING TO DEATH	(A) / 18	sentric thrombes	a rosable	4 da			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DISEASE OR CONDITION CAUSING IT. 19. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING CAUSE OF Home, farm, factory, street, office bidg., INJURY OCCUR? 32B. PLACE OF INJURY OCCURRED 32C. PHYSICIAN'S While AI Work AI Work 21F. HOW DID INJURY OCCUR? 33 Y.S. 21B. PLACE OF INJURY OCCURRED 21C. TIME (Month) (Day) (Yeor) (Hour) 21E. INJURY OCCURRED AI Work 21D. TIME (Month) (Day) (Yeor) (Hour) 21E. INJURY OCCURRED AI Work 22A. SIGNATURE 33 Y.S. 22B. PLACE OF INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22A. SIGNATURE 22B. DATE SIGNED 22C. PHYSICIAN'S NAME (Type) A.D. Altending Med. Director Phys. 22D. ADDRESS A.D. Altending Med. Director Phys. 22D. ADDRESS A.D. Phys. 22D. PLESS VILLE. Mid.				76				
DISEASES OR CONDITIONS, if ony, giving itse to the obove couse (A) stoling the UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSISTO IT. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSISTO IT. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING WAS PERFORMED WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR WHICH OPERATION COURSED WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR WHICH OPERATION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH? 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While AI Work AI Work AI Work AI Work AI Work 221D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While AI Work AI Work AI Work AI Work 222. I certify that (I) (this hospital) attended the deceased from ADV. AI Work AI Work 223A. SIGN ATURE A. BURIAL CREMATION 248. DATE 24C. NAME of CEMETERY or CREMATORY REMOVAL (Specify) 7-16-66 Druid Ridge Cemetery Pikes Ville, Md. Phys. Pikes Ville, Md. Phys. Pikes Ville, Md.			2 2 2					
DISEASES OR CONDITIONS, if ony, giving itse to the obove couse (A) stoling the UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSISTO IT. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSISTO IT. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING WAS PERFORMED WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR WHICH OPERATION COURSED WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR WHICH OPERATION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH? 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While AI Work AI Work AI Work AI Work AI Work 221D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While AI Work AI Work AI Work AI Work 222. I certify that (I) (this hospital) attended the deceased from ADV. AI Work AI Work 223A. SIGN ATURE A. BURIAL CREMATION 248. DATE 24C. NAME of CEMETERY or CREMATORY REMOVAL (Specify) 7-16-66 Druid Ridge Cemetery Pikes Ville, Md. Phys. Pikes Ville, Md. Phys. Pikes Ville, Md.	ANTECEDENT CAUSES	(B) Lee	eriolized actives	clerete	7 20			
UNDERLYING CONDITION lost. Condition	DISEASES OF CONDITIONS IF ANY				0			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID OR CONTRIBUTING CAUSE OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Bottimore City, give exact lacation) home, farm, factory, street, office bldg, injury OCCUR? 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 22. I certify that (I) (this hospital) attended the deceased from No. While No. No			come buses Com &	leme	3 75.			
TO THE DEATH BUT NOT RELATED TO THE CLOSED Number of Contribution Causing it. 198. DISEASE OF CONDITION CAUSING IT. 199. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 2110. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 2110. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While AI Work 2110. TIME (APPROX.) 2111. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While AI Work 2121. TIME (APPROX.) 2131. ACCIDENT WAS UNDERLYING CAUSE OF DEATH? 2141. ACCIDENT WAS UNDERLYING CAUSE OF DEATH? 2152. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While AI Work 2163. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While AI Work 2164. AI Work 2275. Terrify that (I) (this hospital) attended the deceased from AI Work 2276. Terrify that (I) (this hospital) attended the deceased from AI Work 2276. Terrify that (I) (this hospital) attended the deceased from AI Work 2276. Terrify that (I) (this hospital) attended the deceased from AI Work 2277. Terrify that (I) (this hospital) attended the deceased from AI Work 2287. Terrify that (I) (this hospital) attended the deceased from AI Work 2298. DATE SIGNED 2308. DATE SIGNED 2309. ADDRESS AID ATE SIGNED 2309. ADDRESS AID ATE SIGNED 2310. ADDRESS AID ATE SIGNED 2320. ADDRESS AID ATE SIGNED 2320. LOCATION (City, town, or county)	UNDERLYING CONDITION losi.				7			
TO THE DEATH BUT NOT RELATED TO THE CLOSED Number of Contribution Causing it. 198. DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examined) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While AI Work At Work	1							
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING NOT CAUSE OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID Not OF INJURY OCCUR? DEATH (notify medical examine) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID Not OF INJURY OCCUR? DEATH (notify medical examine) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While AI Not While Not While Work 22, I certify that (I) (this hospital) attended the deceased from Not While Not (I) (we) lost sow the deceased alive on Not Not (I) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY PIKES VILLE, MIG. PM.D. PIKES VILLE, MIG.		RIBUTING	0 00 0	4	5 416			
WAS PERFORMED Value Value	DISEASE OR CONDITION CAUSING IT.	de			0			
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) on CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCUR? While A1 Not While Work 22. I certify that (I) (this hospital) attended the deceased from More At Work 22. I certify that (I) (this hospital) ottended the deceased from 19 6 4 to 19 6 to 19 6 4 to 19 6 to 19 6 4 to 19 6 to 19 6 4 to 19 6 4 to 19 6 to 19 6 4 to 19 6 t	19A. DATE OF OPERATION 19B. CONDITIO			OB. IF YES, WERE FINDIN	IGS CONSIDERED			
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) on CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCUR? While A1 Not While Work 22. I certify that (I) (this hospital) attended the deceased from More At Work 22. I certify that (I) (this hospital) ottended the deceased from 19 6 4 to 19 6 to 19 6 4 to 19 6 to 19 6 4 to 19 6 to 19 6 4 to 19 6 4 to 19 6 to 19 6 4 to 19 6 t								
DEATH (notify medical examines) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While AI Not While At Work 22. I certify that (I) (this hospital) attended the deceased from Not While At Work 22. I certify that (I) (this hospital) ottended the deceased from Not While At Work 22. I certify that (I) (this hospital) ottended the deceased from Not While At Work 23. I gertify that (I) (this hospital) ottended the deceased from Not While At Work 24. I gertify that (I) (this hospital) ottended the deceased from Not While At Work 25. I certify that (I) (this hospital) ottended the deceased from Not While At Work 26. I gertify that (I) (this hospital) ottended the deceased from Not While At Work 27. I gertify that (I) (this hospital) ottended the deceased from Not Work (I) (We) (did (did not) view the body ofter death. 28. DATE SIGNED 28. DATE SIGNED 29. Addition Street 29. Attending Med. Director Phys.	J 21A. ACCIDENT WAS UNDERLYING	office bldg. tNJURY OCCUR?	(If in Baltimore City,	give exact location)				
While AI Work 22. I certify that (I) (this hospital) attended the deceased from Norwhile 18 19 64 to 13 19 64 to 14 Norwhile 19 that (I) (we) lost sow the deceased alive on 19 66 and that in (my) (our) apinion death occurred on the one on the courses stated above. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, 124B. DATE 19 64 To 15 Norwhole 19								
While AI Work 22. I certify that (I) (this hospital) attended the deceased from Nort While at Work 22. I certify that (I) (this hospital) attended the deceased from Nort Work at Work 23. I certify that (I) (this hospital) attended the deceased from Nort Work at Work 24. Signature 25. I certify that (I) (this hospital) attended the deceased from Nort Work at Work 26. and that in (my) (our) apinion death accurred on the ond hour and from the couses stated above. (I) (We) (did) (did not) view the body after death. 26. and that in (my) (our) apinion death accurred on the ond hour and from the couses stated above. (I) (We) (did) (did not) view the body after death. 27. Attending Med. Staff 28. DATE SIGNED 29. Attending Med. Director Phys. Phys. Phys. Pikesville. Md. 29. Attending Med. Staff 29. Attending Med. Director Phys. Phy	21D. TIME (Month) (Dov) (Year) (Ho	ur) 21E. INJURY OCCURRED	21F. HOW DID INJURY	r occur?				
22. I certify that (I) (this hospital) attended the deceased from Novel 18 19 64 to July 13 19 66 and that in (my) (our) opinion death occurred on that (I) (we) lost sow the deceased alive on July 13 19 66 and that in (my) (our) opinion death occurred on the ond hour and from the causes stated above. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY Physial 7-16-66 Druid Ridge Cemetery Pikesville, Md.	OF INJURY							
thot (I) (we) lost sow the deceosed olive on day 13 19 66 ond that in (my) (our) opinion death occurred on to ond hour and from the causes stated above. (I) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY of CREMATORY A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY of CREMATORY Physical 13 19 66 ond that in (my) (our) opinion death occurred on to ond that in (my) (our) opinion death occurred on to ond hour and that in (my) (our) opinion death occurred on to ond hour and that in (my) (our) opinion death occurred on to ond hour and that in (my) (our) opinion death occurred on to ond hour and that in (my) (our) opinion death occurred on to ond hour and that in (my) (our) opinion death occurred on to ond hour and that in (my) (our) opinion death occurred on to ond hour and that in (my) (our) opinion death occurred on to ond hour and that in (my) (our) opinion death occurred on the ond hour and that in (my) (our) opinion death occurred on the ond hour and h	(APPROX)	Work At Wo						
thot (I) (we) lost sow the deceosed olive on July 13 19 66 ond that in (my) (our) opinion death occurred on the one ond from the couses stated above. (I) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE A. SIGNATURE A. BURIAL CREMATION, Phys. A. BURIAL CREMATION, REMOVAL (Specify) Phys. A. BURIAL CREMATION, REMOVAL (Specify) Phys. A. BURIAL CREMATION, PARCEL 24C. NAME of CEMETERY or CREMATORY Phys. A. BURIAL CREMATION, PARCEL 24C. NAME of CEMETERY or CREMATORY Phys. Ph	22. I certify that (I) (this hospital) att	ended the deceased from	Nov. 18 19	64 10 July	13 19 (
ond hour ond from the couses stoted obove. (I) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE Attending Med. Stoff Phys. 7-14-6 23C. PHYSICIAN'S NAME (Type) E. Hunter Wilson, Jr. M.D. 700 W. 40th Street 4A. BURIAL CREMATION, REMOVAL (Specify) REMOVAL (Specify) Purial 7-16-66 Druid Ridge Cemetery Pikesville, Md.				in(my) (our) opinion	eoth occurred on t			
23A. SIGNATURE Attending Med. Director Phys. 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS M.D. 700 W. 40th Street 4A. BURIAL CREMATION, REMOVAL (Specify) Phys. 22D. ADDRESS M.D. 700 W. 40th Street 24D. LOCATION (City, town, or county) REMOVAL (Specify) Purial 7-16-66 Druid Ridge Cemetery Pikesville, Md.					311			
Attending Med. Staff Phys. 323C. PHYSICIAN'S NAME (Type) 23C. PHYSICIAN'S NAME (Type) E. Hunter Wilson, Jr. 700 W. 40th Street 4A. BURIAL CREMATION, REMOVAL (Specify) REMOVAL (Specify) Purial 7-14-66 Druid Bidge Cemetery Pikesville, Md.		view the body offer death.	1000	DATE CICALED				
23C. PHYSICIAN'S NAME (Type) E. Hunter Wilson, Jr. AA. BURIAL CREMATION, REMOVAL (Specify) RUPIAL 700 W. 40th Street 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) Rupial 7-16-66 Druid Ridge Cemetery Phys. 123C. Phys. 23D. Address AM.D. 700 W. 40th Street 24D. LOCATION (City, town, or county) Rupial Rupial	230. SIGNATURE	ttending - AAed - 5-		DATE SIGNED				
NAME (Type) E. Hunter Wilson, Jr. AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY Plycolity Purial Pikesville, Md.	1. Otenha		hys. Director Phy	(3.	1-14-61			
E. Hunter Wilson, Jr. AA. BURIAL CREMATION, PAGE PROVIDE PROV		V	23 D. ADDRESS					
AA. BURIAL CREMATION, PAGE PROPERTY OF CREMATORY PAGE (City, town, or county) Burial 7-16-66 Druid Bidge Cemetery Pikesville, Md.		M.E						
REMOVAL (Specify) Burial 7-16-66 Druid Ridge Cemetery Pikesville, Md.	E. Hunter Wil	son. Jr.	700 W. 40th St	treet	un on countril			
Burial 7-16-66 Druid Ridge Cemetery Pikesville, Md. 5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR JUL 18 1966 R. D. R. E. Fallows Mitchell-Wiedefeld Home, Inc. 550. P. R. B.	REMOVAL (Specify)							
JUL 18 1966 P. D. A 2 January 125C. FUNERAL DIRECTOR Mitchell-Wiedefeld Home, Inc.	Burial 7-16-66	Druid Ridge	Cemetery Pi	kesville, M	id.			
JUL 18 1966 P. D. fr & talkers Fitchett-wiedered Home, inc.			25C FUNERAL DIRECTOR	defeld II-	ADDRESS			
	JUL 18 1966 A	Don By E. Sanday MA	6500 Vonk Po	der ela nome	THE MA			
\$ 150-REV. 1/1/65								

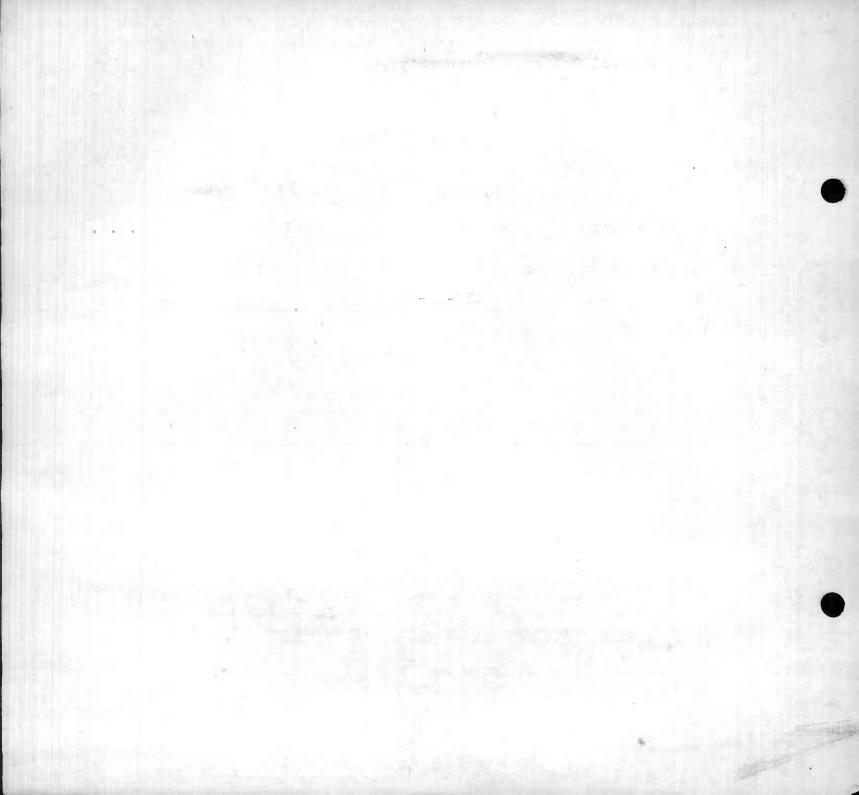


IMPORTAN

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

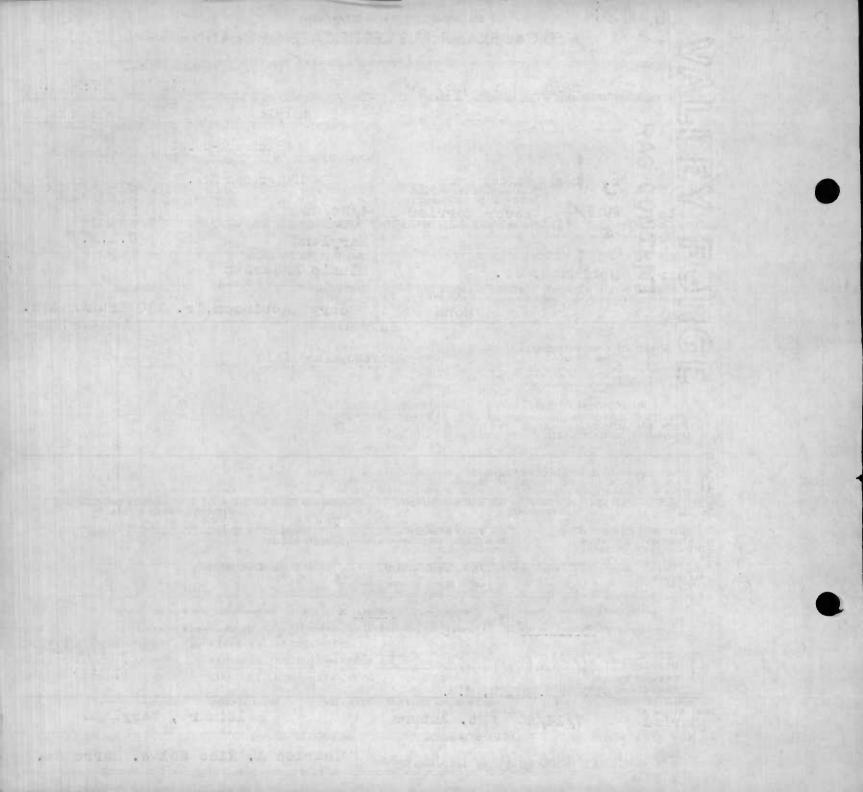


R-15 2 66 07264

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E	CASE NO.					/			
1. NAME OF DECEASED				2. DATE AND HOUR PRONOUNCED DEAD					
(Type or Print) Christopher Robinson				7/11/66 7:20 p. _{M.}					
3. PI	LACE IN BALT	MORE MARYLAND, W			4. USUAL RESID	EN CE (Where	deceased lived. If insti	itution: resi	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)			A. STATE	Marylan	d B. cou	F	Baltimore		
					le carparate limits, write	RURAL a	nd give township)		
IN \$1	TUTION					Ralti	more-rural		53-00
	15				D. STREET ADDE				1000
L	14-	G. A 7						1274	
5. SI	FX	St. Agnes F		NEVER MARRIED	8. DATE OF BIRTH		nah Ave.	If Unde	r 1 Yr. If Under 24 Hrs.
J. J.				DIVORCED (specify)			last birthday	Months	Doys Hours , Min.
	male	colored		Married	4/24/66			2	
		PATION (Give kind of war rarking life, even il retired)	NOB KIND OF	BUSINESS OR INDUST			gn country)	12. CITIZ	EN OF COUNTRY?
					Marylan	nd		0.1	D • 4% •
13. F	ATHER'S NAM			- Note (Sec.)	14. MOTHER'S M.				
	Henry	Robinson	, Jr.		Minnie	ander	son		
	VAS DECEASE	D EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT			ADDRESS	
(Yes,	, no or unknown)	(If yes, give wor or dote	s ol service)	SECURITY NO.	Hannit	Robi	nson, Jr. 1	30 A	runah Ave.
	No			None	Henry	MODI	110011,01.	.00	
	18.	/ X .		CAUS	SE OF DEATH				INTERVAL BETWEEN
CERTIFICATION	OTHER SIGN	ISEASES OR CONDITIONS, IF ANY, GIVING DUE TO SEE TO THE ABOVE CAUSE (A) STATING THE NDERLYING CONDITION LAST. (C)							
CERT		A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION WAS PERFORMED		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES YES					
7		CAUSE WAS			, in or about 21C. WHERE DID (If in Boltimare City, give exact location)			ocation)	
		JNDERLYING □ OR CONTRIB- INDERLYING □ CAUSE OF DEATH. INDERLYING □ CAUSE OF DEATH. INDERLYING □ CAUSE OF DEATH.							
	21 D TIME OF INJURY	(Month) (Doy) (Yeo	r) (Hour) 2	1E. INJURY OCCURRED	21 F. H C	OW DID INJ	URY OCCUR?		
	APPROX.) WHILE AT NOT WHILE								
	m. WORK AT WORK								
		1 certify that I held on Inquiry Inspection Autopsy and that on this basis, death in my apinion							
	resul	red from: Natural ca	uses X A	ccident Suici	de Hamici	de 🗌	Undetermined manne	er 🗌	
		CHIEF MEDICAL EXAMINER							
	ACTUAL					ANT MEDICAL EXAMINER X			DATE SIGNED
	SIGNATI	1/11/1/1/	111.	7~ (M.	ASSOCIATE M				7/12/66
	EXAMIN	Type) WERNER U.	CDTTT	M D	ASSUCIATE M	EDICAL E	AMINER		, , , , , , , , , , , , , , , , , , , ,
23A	BURIAL CRE		DF114	C. NAME OF CEMETERY	or CREMATORY	23D. 1	OCATION (City,	town, or o	county) (State)
REM	Burial			Mt. Auburn			altimore,		
24A	DATE REC'D	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR		-	ADDRESS
		JUL 18 1966	Robert	8 E. Farbura	Char	les A	Rice 661	W . F	Barre St.
VS	151-REV. 1/1/								

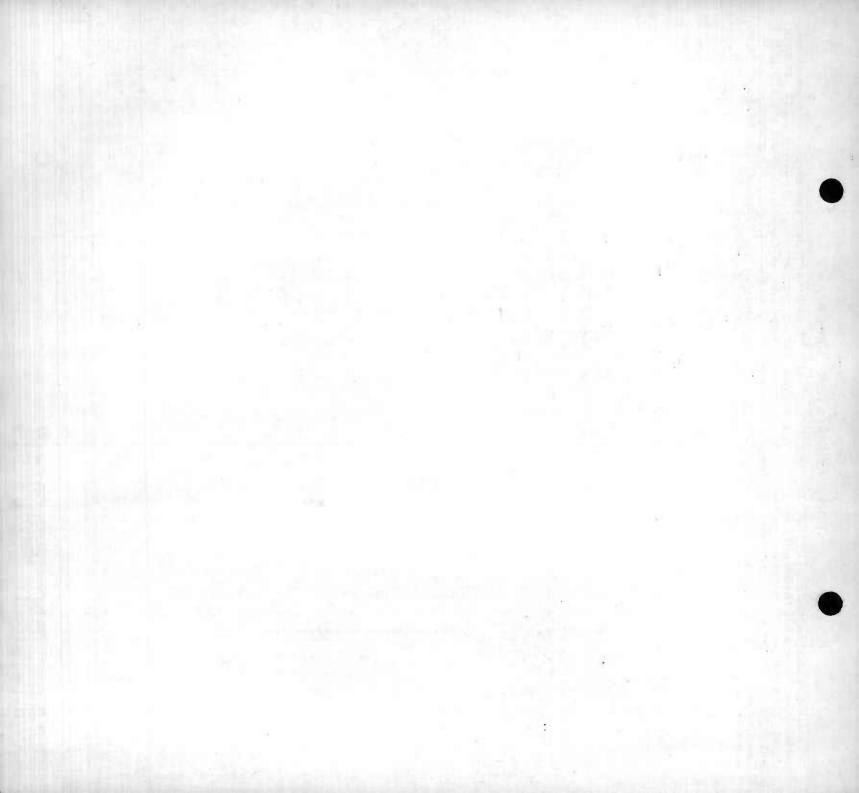


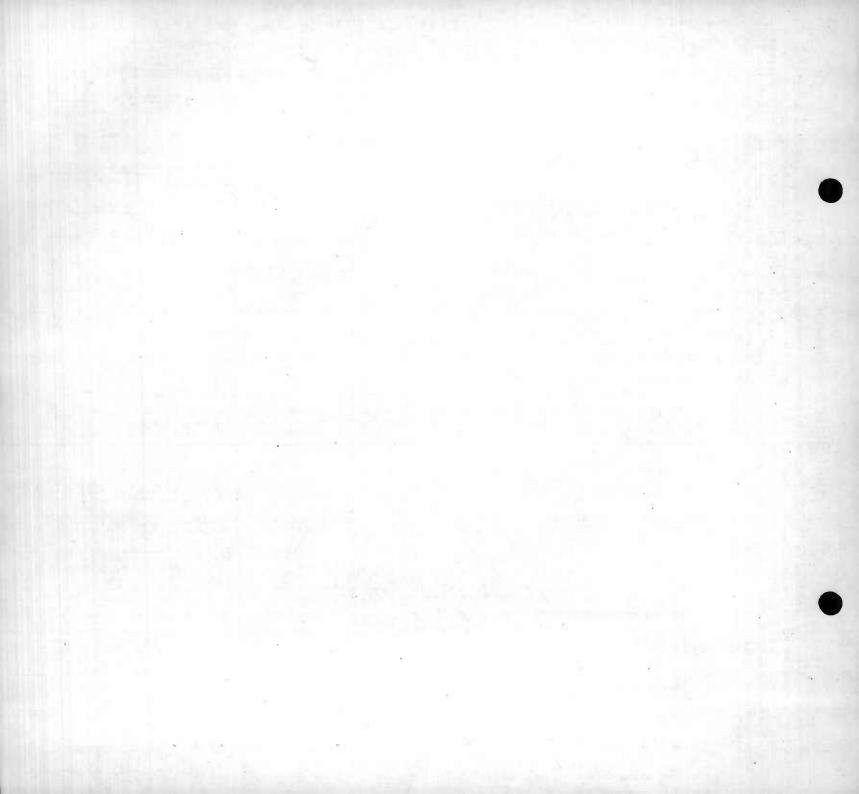
IMPORTAN

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 15. 1966 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) B. COUNTY (If not in haspital or institution, give street FULL NAME OF and HOSPITAL OR address or location) C. CITY OR TOWN (If autside city limits, write RURAL and give township) INSTITUTION more D. STREET ADDRESS (If rural, give lacotion) 150n MARRIED, NEVER MARRIED 5. SEX 6. RACE 9. AGE (In years If Under 1 Yr. Manths Doys If Under 24 Hrs. Hours Min. Hours WIDOWED, DIVORCED (specify) last birthday 40910 male 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dane during most of warking life, even if retired) Bethlehem Steel 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no ar unknawn)(Ilf yes, give war or dates of service) 6. SOCIAL SECURITY NO 216-10-387 No CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Sovere LEADING TO DEATH (This does not meon the mode of dying, e.g., DUE TO heart foilure, osthenia, etc. It meons the diseose, injury ar complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the obave cause (A) stoting the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in ar about 21C. WHERE DtD home, form, foctory, street, affice bldg., INJURY OCCUR? (If in Baltimore City, give exact location) MEDICAL DEATH (notify medical examiner) 21 D. TIME (Manth) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 1966 22. I certify that (1) (this hospital) attended the deceased from 19 6 6 1966 that (1) (we) last saw the deceased alive an. and that in (my) (our) apinian death accurred an the date and haur and fram the causes stated above. (1) (We) (did) (did hat) view the bady after death. 23A, SIGNATURE 23 B. DATE SIGNED 12 (20 Box Attending M.D. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Hospital of Maryland. IOSEF GRUMBERO Lutherau 24A. BURIAL CREMATION. 248. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, tawn, or county) REMOVAL (Specify) lemoria. Juria HEALTH DEPT 25A. DATE REC'D BY VS 150-REV. 1/1/65

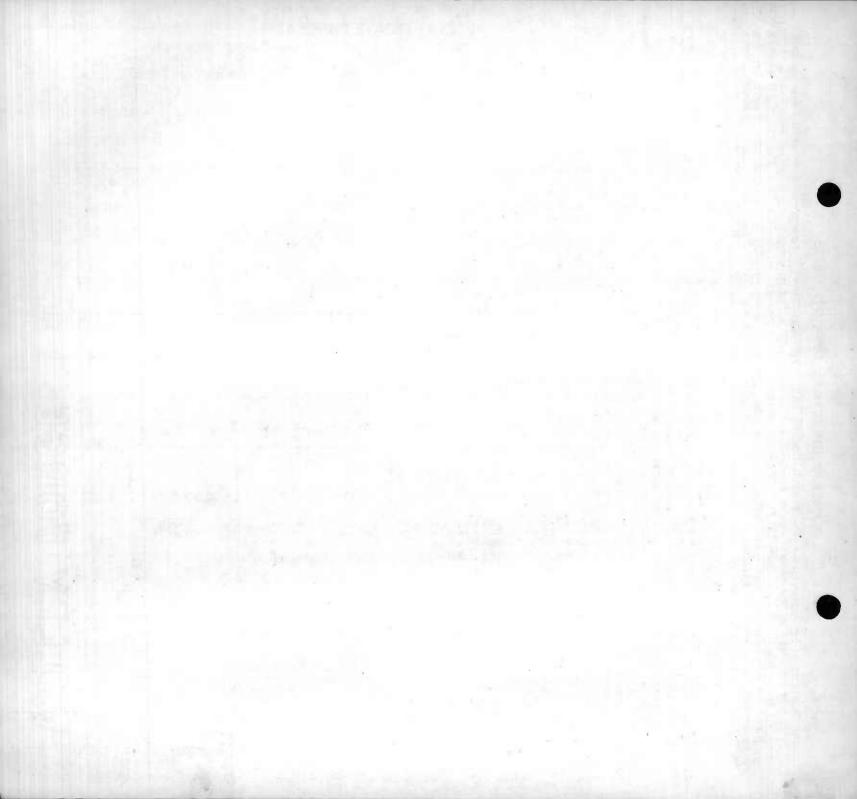


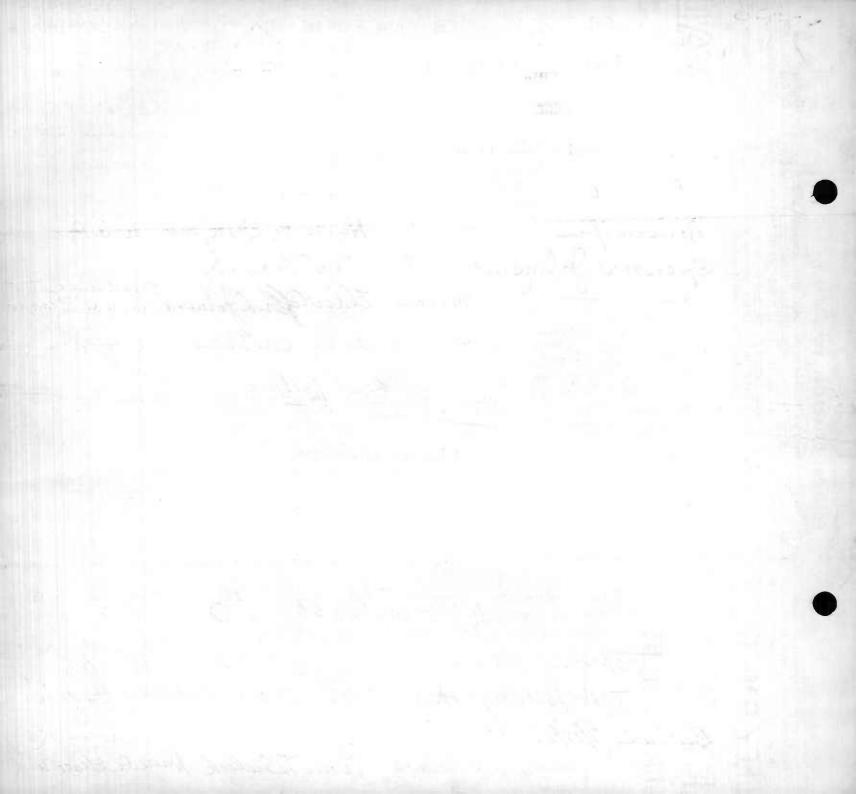


IMPORTANT

DIRECTOR:

FUNERAL





The state of BRANKS FRANKLING THE FRANKS THE START IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

- 10 mm T. W. T. - J. "F-. Fig. and . A product of List textito or in teach the real section - in the section - in

VS 150-REV. 1/1/6.

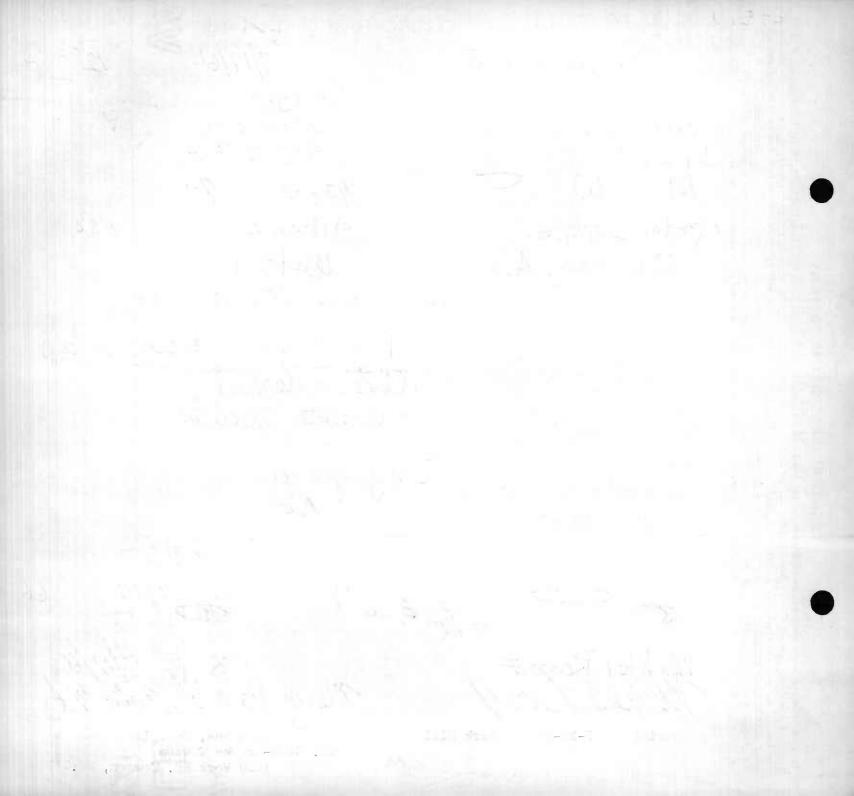
BALTIMORE CITY HEALTH DEPARTMENT

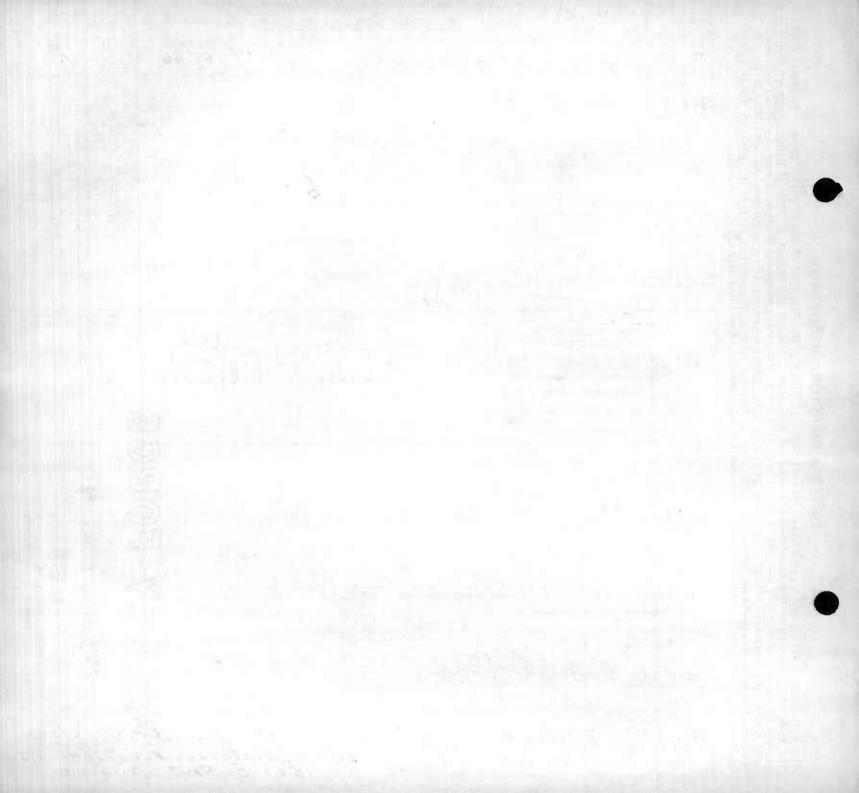
The same of the same ٠ و . In the same - 212 - 272 GPT MAX SP-M BIDE ALE - DO LEAD IN

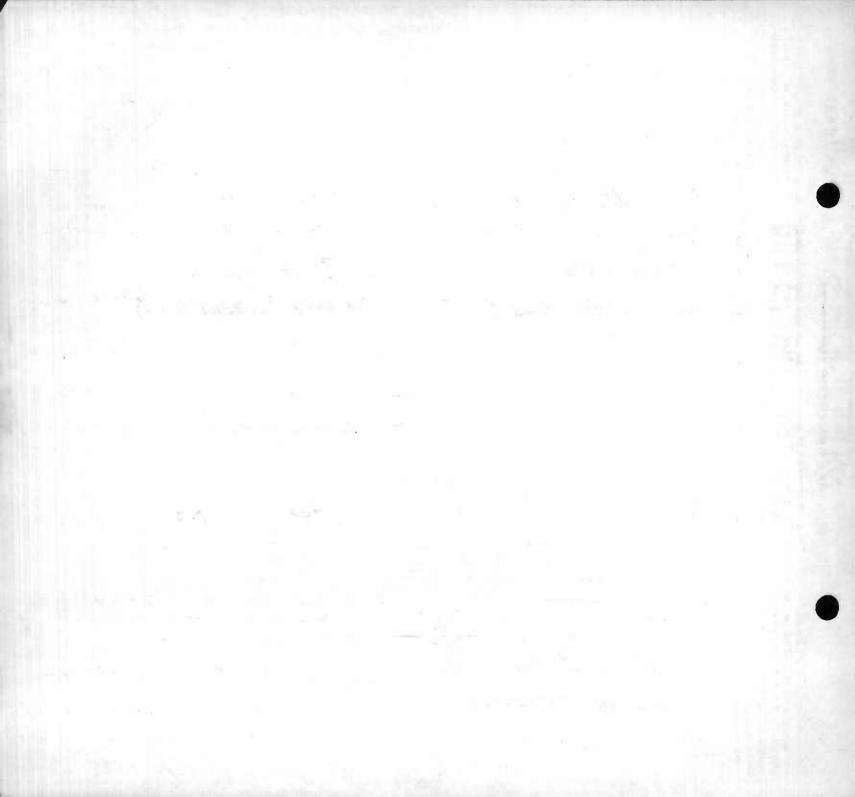
SHE AND THE

IMPORTANT

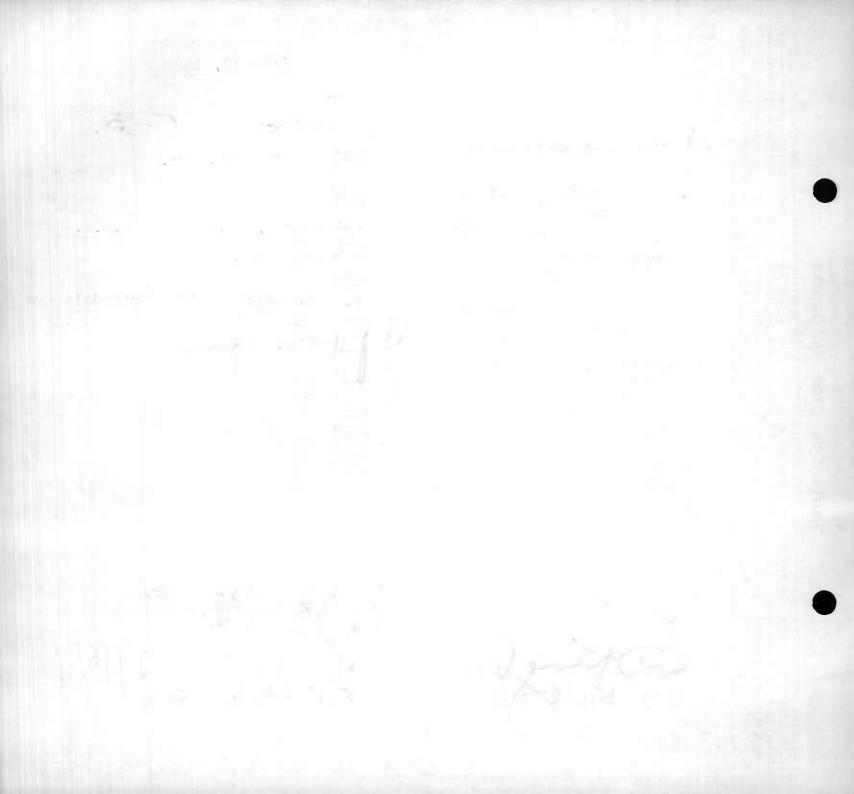
FUNERAL DIRECTOR:







			ITY HEALTH DEPARTMENT		00 1/2/6
BIRTH NO.	66 07276	CERTIFIC	ATE OF DEATH	Registered N	
M.E. CASE NO			2. DATE	AND HOUR OF DEAT	rH _ J. }
(Type or Print)	WILLIE OF	DEN	Jul	y 17, 196	6 1845P.
B. PLACE OF	DEATH IN BALTIMORE, MA	ARYLAND	4. USUAL RESIDENCE (W. A. STATE B. CO.		f institution: residence before edmission
FULL NAM	E OE (If not in bosnital	or institution, give street	Maryland		
HOSPITAL C	OR oddress or locotion			outside city limits writ	e RURAL and give Joynship)
(Baltimore	9 / 1	5-38
AA) 23	308 Springda	le Airenue		(If rurol, give location)	
0 33	oo springua.	ie Avende	3308 Spri	ngdale Ave	
S EX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H Months! Doys Hours Min.
F.	Negro	Widow	2-22-1892	74	
		108, KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
ione during mos	or working me, even a remed,	Domestic	Oglethorpe	. Ga.	U.S.A.
3. FATHER'S N	IAME		14. MOTHER'S MAIDEN N		
Ephr	aim Pryor		Fannie Pr	rvor	
5. Was Deceo	sed Ever in U. S. Armed Fo	rces? 16. SOCIAL	17. INFORMANT	4	ADDRESS
Yes, no or unkno	(If yes, give war or dot	es of service) SECURITY NO.		2200	
			Mr. John Ma	3308	Springdale Ave
18.	43 XI	CAUSI	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISI	EASE OR CONDITION DI LEADING TO DEATH		h Lewis	cardiovas	211.0
(This doe	s not mean the mode of	(A)	the spire	C-01010AN2	1137 W.X.
heart failu	re, osthenio, etc. Il means complication which caused	s the disease,			
Injuly of	ANTECEDENT CAUSES		/1		
DICEACEC		DUE TO	 	000000000000000000000000000000000000000	
	OR CONDITIONS, if the obove cause (A)				
UNDERLY	ING CONDITION last.	-	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
7	11				
OTHER SI	GNIFICANT CONDITIONS (DEATH BUT NOT REL.	CONTRIBUTING ATED TO THE			
	OR CONDITION CAUSING	IT.	20A. AUTOPSY? (Yes or	Noll 208 IE VEC WEE	DE EINDINGS CONSIDERED
THE PARTY		REFORMED	20A. AUTOPST! Ties of	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
W C	DENT WAS UNDERLYING	21B. PLACE OF INJURY (e.	g., in at about 21 C. WHERE DID	(If in Boltin	nore City, give exact location)
_ OR CONTI	RIBUTING CAUSE OF		, office bldg., INJURY OCCUR?		
U			015 115		
OF INJURY	(Month) (Doy) (Year)		While 7	NJURY OCCUR?	
(APPROX.))	Work At W			1 /
22. I cert	ify that (1) (this hospita	I) attended the deceased from	17 . 2	19 5 E to	JUL 1901
			9		pinian death accurred on the
V		ated aboxe. (I) (We) (dld) (did no	1 1/		
23A. SIGN/		(1) (110) (210) (210 110	, view the body diter dean		23B. DATE SIGNED
(1 Ft.	0 / M.D.	Attending Med.	Stoff	1 18/66
23C. PHYSI	CIANS	7 Kun	Phys. Director	Phys.	111011
NAM	E (Type)	An.	- 11	. 1. 0.	NS /
T.		N N	.D. 848 H	y lem	A /W
REMOVA	D. KIN 9	/ () 1)		11 -	
	CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF	CREMATORY 24D.	LOCATION	(City, town, or county) (Stote)
DURIE	CREMATION, 24B. DATE	/ () 1)	Cem. B	A HO.	
DURIA 25A. DATE REC	CREMATION, 24B. DATE L (Specify) 1-2 CO BY HEALTH DEPT.	/ () 1)	Cem . B	A Ho. ((City, town, or county) Add, ADDRESS
DURIA 25A. DATE REC	L (Specify) 1-21	BALTON NATO	Cem. B	A Ho. ((City, town, or county) (Stole

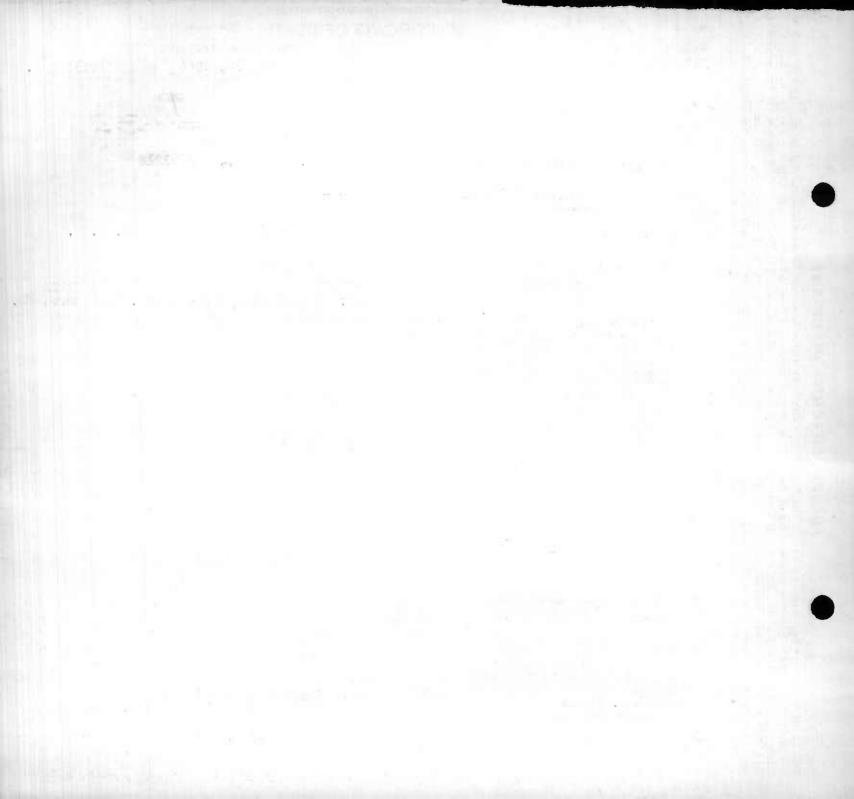


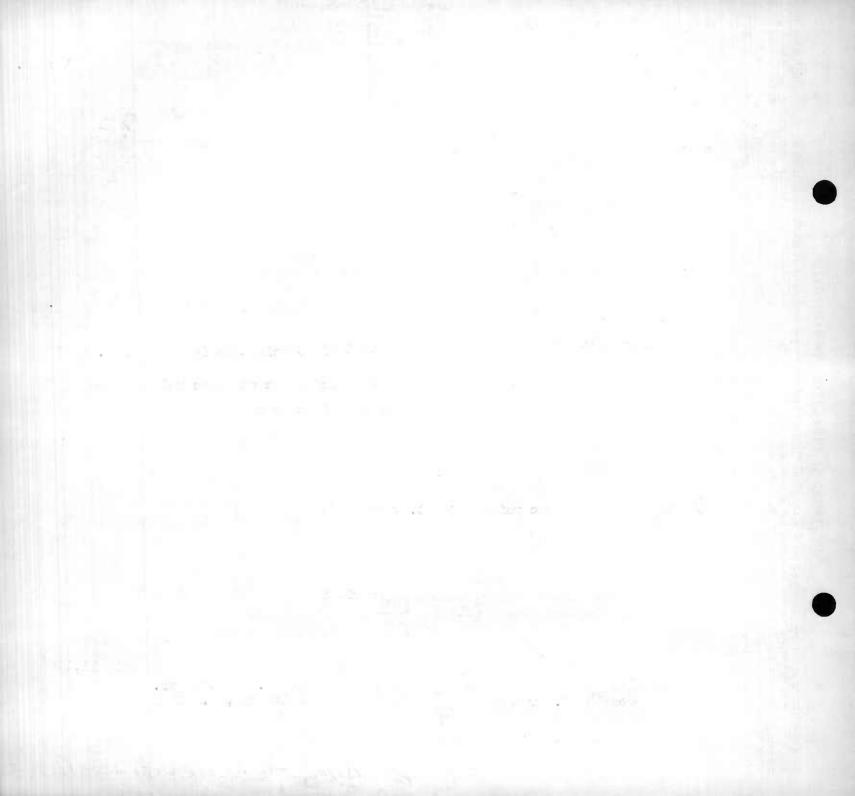
MILITARY CONTRACT
07277
016011

BALTIMORE CITY HEALTH DEPARTMENT

Registered	No.	66	07

BIRTH NO. M.E. CASE NO.	66 0727	1	CERTIFICA	TE OF D	EATH	Registered No.	00	0/2/	/
1. NAME OF DE	CEASED NEW YORK					ND HOUR OF DEATH	1		
EVEREII	, THOMAS NED	DVIAND		I de la prol		y 16, 1966		10:35	A. M
O I	ATH IN BALTIMORE, MA	RILAND		A. STATE	B. COUL	ere deceased lived. If NTY	institution: i	residence before	admission)
FULL NAME			give street	Maryla	nd				
HOSPITAL OR	address or tocotio	1)		C. CITY OR TO	WN (If or	utside city limits write	RURAL on	d give township)
Baltimo	re City Hospi	tals		Baltim			7-0	10	
4940 Ea	stern Avenue			D. STREET ADD		rurol, give location)			
	re, Maryland	7.0		1930 E					
Male	6. RACE Negro	MIDOME	D, NEVER MARRIED ED, DIVORCED (specify) DWOR	5-7-92		9. AGE (In years last birthday)	If Unde Manths	Pr. If Und Days Haurs	der 24 Hrs. Min.
		10B, KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or fore	eign cauntry)		ZEN OF	
Logu	(working life, even il retired)			North	Caroli	na.		S. A.	
3. FATHER'S NA				14. MOTHER'S			0		
	verett	2	11 / 500101		lda ??			4000000	
Yes, no or unkna w	d Ever in U. S. Armed Far n) (If yes, give wor ar dote	ces? s of service)	SECURITY NO.	BCH: REC		940 Eastern	Ave.	ADD#5212 Baltimor	24 e, Md.
1B. 16	3 X I		CAUSE O	FDEATH				INTERVAL BET	
DISEA	SE OR CONDITION DI	ECTLY	1	_		2 2			
(T)	LEADING TO DEATH not mean the mode of		(A) Ca	runn	u o	7 lung	(o + mi	rille
DISEASES	mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if ne above cause (A) GCONDITION last.	any, giving							10 × 0 × × × 0 00 × × × 0 40 4
E TO THE	II IIFICANT CONDITIONS CONDITIONS CONDITION CAUSING I	TED TO T	4G HE					7	
		DITION FOR	WHICH OPERATION	20A. AUTOPS		IN CERTIFYING C	FINDINGS AUSES OF	CONSIDERED DEATH?	
OR CONTRIB	ENT WAS UNDERLYING CUTING CAUSE OF y medicol examiner)	21 ho etc	B. PLACE OF INJURY (e.g., in me, form, factory, street, of c.)	ar about 21 C. W fice bldg., INJUR	HERE DID	(If in Boltimo	re City, giv	ve exact location	1)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)	w	E. INJURY OCCURRED Thile At Not While ork At Work	e 🖂	OW DID IN	JURY OCCUR?			
22. 1 cartif	v that (1)((this basnisa		the deceased from 2			19 6 6 to 1	6 6,	PIN 1	9 66
that (I) (we) last sow the decease	d olive on.		19 6	oond ti	hot in (my) (our) op			
23A./SIGNAT			(1) (110) (110) (110)	Tow The body o	THE GEOTIE	'	23B, DA	TE SIGNED	
Da	mel D. 3	Foot	Phy	s.	Aed. Director	Stoff Phys.	161	ruly,	966
Danie			M.D.	B altim 4940 Ea	ore Cit	ty Hospitals Avenue Balti	Lmore.	21224 Marylan	d
24A. BURIAL CR REMOVAL	(Specify) 248. DATE	66 24C.N	MAME OF CEMETERY OF CRE	MATORY			City, town,		(Stote)
25A. DATE REC'I	BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNER	AL DIRECTO	R		ADDRESS	
	1111 1 8 1966	00	Br & Freducia	Magr	210	Dunti 1	7011	NIECL.	<





ype or Prin	DECEASED Tobias S	taffer		2. DATE Jul	y 16, 1966	6:15 Am.
PLACE	F DEATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (WI A. STATE B. COL		institution: residence before admissi
FULL NA	ME OF (If not in hospital	or institution or	ve theat	Maryland	Baltime	ore
HOSPITA	L OR oddress or location		ve sireer		outside city limits, write	e RURAL and give township)
		A 100 Mg		Dundalk		53-00
Sch	urch Home & Hosp	ital			If rurol, give location)	
	V 04.05	TT AAABBIED A	MENCE LA ABRICE	8013 Del Hav		772
Male	6. RACE White	Marrie		Dec. 7, 1903	9. AGE (In years lost birthday) 62	If Under 1 Yr. If Under 24 Months Doys Hours Min
	OCCUPATION (Give kind of work nost of working life, even if retired)	kilob. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	Labor	Beth.	Steel Co.	Hungary		U. S. A.
3. FATHER	SNAME			14. MOTHER'S MAIDEN N	AME	
M	atthew Staffer			Anna Sha	nk	
. Wos Dec	eased Ever in U. S. Armed For	rces?	6. SOCIAL	17. INFORMANT		013 Del Appress Rd.
No	And wind in Aest Rive wor or dose	a or setaice.	SECURITY NO. 215-01-3215	Wife Dorlore		
1B. —	/ o V 1		_,,	OF DEATH	P. MONTEGE D	INTERVAL BETWEEN
	DISEASE OR CONDITION DIE LEADING TO DEATH	RECTLY	M	1 war and in	l urfare	tra la
(This d	oes not mean the mode of	duine on	(A) V	your	1 myara	hop innedit
	dea tion theon the though of	aying, e.g.,	DUE TO		2	
heort fo	pilure, osthenia, etc. II meons	the disease,	DUE TO	i I to M	Mita	M 7
heort fo	oilure, osthenia, etc. II meons or complication which coused	the disease, I deoth.)	DUE TO	iabete M	elites	2-3 yes
heort fo	oilure, osthenia, etc. II meons or complication which coused ANTECEDENT CAUSES	the disease, deoth.)	DUE TO	iabete M	elites	2-3 yes
DISEAS	pilure, osthenia, etc. II meons or complication which caused ANTECEDENT CAUSES SES OR CONDITIONS, if o the above cause (A)	the disease, deoth.)	(B) DUE TO	iabete 24	white	2-3-yes
DISEAS	oilure, osthenia, etc. II meons or complication which coused ANTECEDENT CAUSES SES OR CONDITIONS, if	the disease, deoth.)	DUE TO (C)	iabete 24	the	2-3 yes 2 west
DISEAS	control of the manual of the manual of complication which coused antecedent CAUSES of CONDITIONS, if the manual of	ony, giving stoling the	(C) (C)	isbete 24	the	2-3 yes
DISEAS rise I UNDER	pilure, osthenia, etc. II meons of complication which coused ANTECEDENT CAUSES SES OR CONDITIONS, if to the above couse (A) RLYING CONDITION last. SIGNIFICANT CONDITIONS CAUSED TO THE DEATH BUT NOT RELAST OR CONDITION CAUSING AND CONTROL OF CONDITION CAUSING AND CONTROL OF CONDITION CAUSING AND CONTROL OF	the disease, I deoth.) ony, giving stoling the CONTRIBUTING ATED TO THE IT.	(C)	iabete 24	the	2-3-yea 2 week
DISEAS	oilure, osthenia, etc. II meons or complication which coused ANTECEDENT CAUSES SES OR CONDITIONS, if to the above couse (A) RLYING CONDITION last. SIGNIFICANT CONDITIONS CHE DEATH BUT NOT RELA	ony, giving stoling the CONTRIBUTING ATED TO THE IT.	(C)	20A. AUTOPSY? (Yes or	the	2-3 year 2 west
DISEAS	pilure, osthenia, etc. II meons of complication which caused ANTECEDENT CAUSES (ES OR CONDITIONS, if the above cause (A)	ony, giving stoling the CONTRIBUTING ATED TO THE IT.	CC) (C) (C) (H)CH OPERATION	20 A. AUTOPSY? (Yes or Yes in or obout 21 C. WHERE DID office bidg., INJURY OCCUR?	No) 208. IF YES, WER	2-3-yea 2 week
DISEAS TO T	Dilure, osthenia, etc. II meons of complication which caused ANTECEDENT CAUSES SES OR CONDITIONS, if to the above cause (A) RLYING CONDITION last.	ony, giving stoling the CONTRIBUTING ATED TO THE IT. HOLTION FOR W FORMED 218. F home etc.)	CC) (C) (C) (H)CH OPERATION	n or obout 21C. WHERE DID	No) 20B. IF YES, WER IN CERTIFYING C	2-3 yes 2 west
DISEAS rise I UNDER OTHER TO DISEAS OR COI DEATH	Dilure, osthenia, etc. II meons of complication which coused ANTECEDENT CAUSES (SES OR CONDITIONS, if to the above couse (A) RLYING CONDITION I ast. SIGNIFICANT CONDITION SCIENCE OR CONDITION CAUSING (TO OPERATION (TO OPERATION (TO OPERATION (TO OPERATION)) THE OF OPERATION (TO OPERATION) THE OPERATION (TO OPERATION) T	ony, giving stoling the CONTRIBUTING ATED TO THE IT. HIGH STOLEN	PLACE OF INJURY (e.g., form, foctory, street, c	in or obout 21C, WHERE DID office bidg., INJURY OCCUR?	No) 20B. IF YES, WER IN CERTIFYING C	2-3 yes 2 west
DISEAS rise I UNDER OTHER TO TI DISEAS 19A. DA 21A. AC OR COI DEATH OF INJI (APPRO	Dilure, osthenia, etc. II meons of complication which caused ANTECEDENT CAUSES SES OR CONDITIONS, if on the above cause (A) RLYING CONDITION I ast. SIGNIFICANT CONDITIONS OF THE DEATH BUT NOT RELATED TO CAUSING THE OF OPERATION 198. CON WAS PER CONDITION CAUSING THE OF OPERATION 198. CON WAS PER CONDITION CAUSE OF (notify medical examiner) AE (Month) (Doy) (Year) AE (Month) (Doy) (Year)	ony, giving stoling the CONTRIBUTING ATED TO THE IT. IDITION FOR W FORMED 218. Fhome etc.) (Hour) 218. I While Work	PLACE OF INJURY (e.g., form, foctory, street, company Occurred Not White At Work	in or obout 21C, WHERE DID iffice bidg., INJURY OCCUR?	No) 208. IF YES, WER IN CERTIFYING C	2 - 3 year 2 west 2 west EFINDINGS CONSIDERED CAUSES OF DEATH?
DISEAS rise I UNDER OTHER TO TI DISEAS 19A. DA 21A. AC OR COI DEATH OF INJI (APPRO 22. I co	Dilure, osthenia, etc. II meons of complication which coused ANTECEDENT CAUSES SES OR CONDITIONS, if on the above cause (A) RLYING CONDITION I ast. SIGNIFICANT CONDITIONS CHAPTER OF CONDITION CAUSING TE OF OPERATION 198. CON WAS PER COLDENT WAS UNDERLYING CAUSE OF (notify medical examiner) AE (Month) (Doy) (Year) JRY AB (Month) (Doy) (Year) AE (Month) (Doy) (Year)	ony, giving stoling the CONTRIBUTING ATED TO THE IT. IDITION FOR W FORMED (Hour) 21E I While Work	PLACE OF INJURY (e.g., form, foctory, street, company of the property of the p	in or obout 21C. WHERE DID office bidg., INJURY OCCUR?	No) 208. IF YES, WER IN CERTIFYING CO. (If in Boltim	2 - 3 year 2 west 2 west 2 response to the second secon
DISEAS rise I UNDER OTHER TO TI DISEAS 19A. DA OR COI DEATH 21A. AC OR COI DEATH 21D. TIA	Dilure, osthenia, etc. II meons of complication which coused ANTECEDENT CAUSES (SES OR CONDITIONS, if to the above couse (A) RLYING CONDITION I ast. SIGNIFICANT CONDITION I ast. SIGNIFICANT CONDITIONS CHE DEATH BUT NOT RELATE OR CONDITION CAUSING IT. TO OPERATION 198. CON WAS PER COLORN WAS PER (COLORN WAS PER COLORN WAS PER (Month) (Doy) (Year) JRY (Month) (Doy) (Year) JRY (Month) (Doy) (Year) JRY (We) lost sow the decease	ony, giving stoling the CONTRIBUTING ATED TO THE IT. HITTION FOR W. FORMED 218. F. home etc.) (Hour) 21E. I. Whill Work	HICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, company occurred to the property of the property	in or obout 21 C. WHERE DID iffice bidg., INJURY OCCUR? 21 F. HOW DID II	No) 208. IF YES, WER IN CERTIFYING (If in Boltim	2 - 3 year 2 west 2 west EFINDINGS CONSIDERED CAUSES OF DEATH?
DISEAS rise I UNDER OTHER TO TI DISEAS 19A. DA 21A. AC OR COI DEATH 21D. TIA OF INII (APPRO 22. I co	Dilure, osthenia, etc. II meons or complication which coused ANTECEDENT CAUSES SES OR CONDITIONS, if to the above couse (A) RLYING CONDITION I ast. SIGNIFICANT CONDITION I ast. SIGNIFICANT CONDITIONS CHE DEATH BUT NOT RELATE OR CONDITION CAUSING IT. THE OF OPERATION 198. CON WAS PER COLORT WAS UNDERLYING CAUSE OF (notify medical examiner) AE (Month) (Doy) (Year) JRY X.) Pertify that (1) (this haspital (we) lost sow the decease our and fram the causes star	ony, giving stoling the CONTRIBUTING ATED TO THE IT. HITTION FOR W. FORMED 218. F. home etc.) (Hour) 21E. I. Whill Work	HICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, company occurred to the property of the property	in or obout 21 C. WHERE DID iffice bidg., INJURY OCCUR? 21 F. HOW DID II	No) 208. IF YES, WER IN CERTIFYING (If in Boltim	2 west 2 west 2 west 2 west 2 are second or second o
DISEAS rise I UNDER OTHER TO TI DISEAS 19A. DA 21A. AC OR COI DEATH 21D. TIA OF INII (APPRO 22. I co	Dilure, osthenia, etc. II meons of complication which coused ANTECEDENT CAUSES (SES OR CONDITIONS, if to the above couse (A) RLYING CONDITION I ast. SIGNIFICANT CONDITION I ast. SIGNIFICANT CONDITIONS CHE DEATH BUT NOT RELATE OR CONDITION CAUSING IT. TO OPERATION 198. CON WAS PER COLORN WAS PER (COLORN WAS PER COLORN WAS PER (Month) (Doy) (Year) JRY (Month) (Doy) (Year) JRY (Month) (Doy) (Year) JRY (We) lost sow the decease	ony, giving stoling the CONTRIBUTING ATED TO THE IT. HITTION FOR W. FORMED 218. F. home etc.) (Hour) 21E. I. Whill Work	HICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, company of the street of	in or about 21C, WHERE DID (ffice bidg., INJURY OCCUR?) 21F. HOW DID II	No) 208. IF YES, WER IN CERTIFYING (If in Boltim	2 - 3 year 2 west 2 west 2 response to the second secon
DISEAS rise I UN DEF OTHER TO TIDISEAS 19A. DA 21A. ACO OR COI DEATH OF INJI (APPRO 22. I c. thot (I) ond ho 23A, SIG	ANTECEDENT CAUSES SES OR CONDITIONS, if on the above couse (A) REVING CONDITIONS (A) SIGNIFICANT CONDITIONS CAUSING (A) SIGNIFICANT CONDITIONS CAUSING (A) TE OF OPERATION (A) TE OF OPERATION (A) TO OPERAT	ony, giving stoling the CONTRIBUTING ATED TO THE IT. HITTION FOR W. FORMED 218. F. home etc.) (Hour) 21E. I. Whill Work	HICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, company of the street of	in or about 21C, WHERE DID (ffice bidg., INJURY OCCUR?) 21F. HOW DID II 21F. HOW DID II 21F. How did not be about the bady after death Med. Director	No) 208. IF YES, WER IN CERTIFYING COUR? 19 to 7 that in (my) (aur) and the country of the coun	2 west 2 west 2 west 2 west 2 are second or second o
DISEAS rise I UNDER OTHER TO TI DISEAS 19A. DA 21A. AC OR COI DEATH 21D. TIA OF INII (APPRO 22. I co thot (I) ond ho 23A, SIG	Dilure, osthenia, etc. II meons or complication which coused ANTECEDENT CAUSES SES OR CONDITIONS, if to the above couse (A) RLYING CONDITION I ast. SIGNIFICANT CONDITION I ast. SIGNIFICANT CONDITIONS CHE DEATH BUT NOT RELATE OR CONDITION CAUSING IT. THE OF OPERATION 198. CON WAS PER COLORT WAS UNDERLYING CAUSE OF (notify medical examiner) AE (Month) (Doy) (Year) JRY X.) Pertify that (1) (this haspital (we) lost sow the decease our and fram the causes star	ony, giving stoling the CONTRIBUTING ATED TO THE IT. HITTION FOR W. FORMED 218. F. home etc.) (Hour) 21E. I. Whill Work	HICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, compared to the	in or about 21C, WHERE DID (ffice bidg., INJURY OCCUR?) 21F. HOW DID II	No) 208. IF YES, WER IN CERTIFYING CO. (If in Boltim NJURY OCCUR? 19 to 7 that in (my) (aur) and the stoff of the stoff o	2 west 2 west 2 west 2 west 2 are second or second o
DISEASTINE OTHER TO TI DISEASTINE OTHER TO TI DISEASTINE OR COIL DEATH 21A. ACCOR COIL DEATH 21A. ACCORD COI	Dilure, osthenia, etc. II meons of complication which coused ANTECEDENT CAUSES SES OR CONDITIONS, if to the above couse (A) RLYING CONDITION I delivery of the above couse (A) RLYING CONDITION I delivery of the DEATH BUT NOT RELATE OR CONDITION CAUSING THE OF OPERATION 198. CON WAS PER COLORI WAS UNDERLYING CAUSE OF (notify medical examiner) ALE (Month) (Doy) (Year) ALE (Month) (This haspital than the causes stated than the cause stated than the causes stated than the cause stated that the cause stated than the cause s	ony, giving stoling the CONTRIBUTING ATED TO THE IT. HOTTON FOR W FORMED (Hour) 21E. Whill Work work work of the ed olive on the ed obove. (I)	HICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, compared to the street of the street o	21F. HOW DID II	No) 208. IF YES, WER IN CERTIFYING COUR? 19 to 7- that in (my) (aur) and the state of the state	2 west 2 west 2 west 2 west 2 principles considered 2 auses of death? 2 auses 3 auses 4 auses 4 auses 5 auses 6 auses 6 auses 6 auses 7 auses 7 auses 8 auses 9 auses 10
DISEAS rise I UN DEF OTHER TO TIDISEAS 19A. DA 21A. ACO OR COI DEATH OF INJI (APPRO 22. I co thot (I) ond ho 23A, SIG	DITUTE OF OPERATION (Doy) (Year) ARE (Month) (Doy) (Year)	ony, giving stoling the CONTRIBUTING ATED TO THE IT. IDITION FOR W FORMED (Hour) 21E I While Work I) attended the ed alive on	PLACE OF INJURY (e.g., form, foctory, street, of the street, of th	21F. HOW DID II 21F. HOW DID II	No) 208. IF YES, WER IN CERTIFYING CO. (If in Boltim NJURY OCCUR? 19 to 7 that in (my) (aur) and the in (m	2 west 2 west 2 west 2 west 2 prince City, give exact location) 16-66 19 19 19 238, DATE SIGNED
DISEAS rise I UN DEF OTHER TO TIDISEAS 19A. DA 21A. ACO OR COI DEATH OF INJI (APPRO 22. I co thot (I) ond ho 23A, SIG	DITUTE OF OPERATION (Doy) (Year) ARE (Month) (Doy) (Year)	ony, giving stoling the CONTRIBUTING ATED TO THE IT. IDITION FOR W FORMED (Hour) 21E I While Work I) attended the ed alive on	HICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, compared to the street of the street o	21F. HOW DID II 21F. HOW DID II	No) 208. IF YES, WER IN CERTIFYING CO. (If in Boltim NJURY OCCUR? 19 to 7 that in (my) (aur) and the in (m	2 west 2 west 2 west 2 west 2 principles considered 2 auses of death? 2 auses 3 auses 4 auses 4 auses 5 auses 6 auses 6 auses 6 auses 7 auses 7 auses 8 auses 9 auses 10

THE RESIDENCE AND RESERVE AND ADDRESS OF THE PARTY OF THE

and the same was stated to the same as

· · · 15 x 1 x 1 x With a same and the same

IMPORTANT

DIRECTOR:

FUNERAL

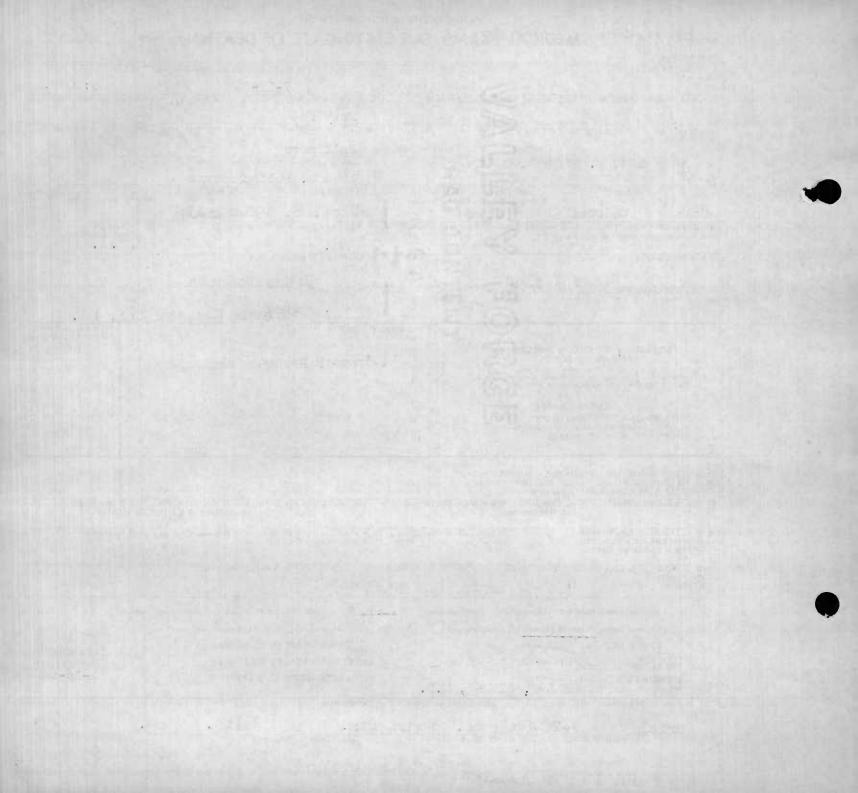
(Section of the second July 15 06 16 1/2 15 en pour de province de la lacor de la company de IMPORTANT

DIRECTOR:

FUNERAL

STALLED BY AND SHOULD BE BALT ... 15 38 LESTIA ST The constitution M N september 101 WAL TOR. Lee, ELLA. 216-05-2000 Hedant Noone 65-CARPINONAPOSIS Sycamore Cell Ca (Queng 18 mile Feb 1965 ca @ Long NO 2//2 H.C. Robson

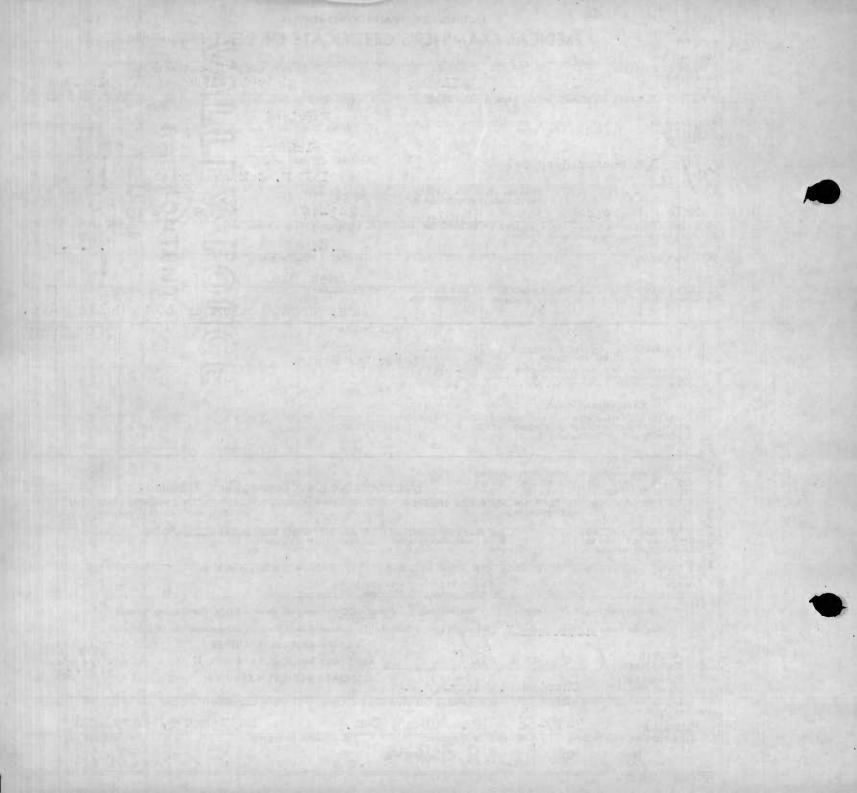
	ICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered	100 01204
M.E. CASE NO. 1. NAME OF DECEASED			
(Type or Print)		2. DATE AND HOUR PRONOUNCED D	
J. PLACE IN BALTIMORE, MARYLAND, W	OHN THOMAS	7-15-66	3:20 P.
3. FLACE IN BALLIMORE, MARILAND, W	HEKE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution A. STATE B. COUNTY	t residence before odmission
FULL NAME OF (IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside corporate limits, write RUD	At and aive town his
HOSPITAL OR ADDRESS OR LOCA	(IION)	C. CITI OK TOWN (III obiside corporale illinis, with and	At one dive township
		Baltimore	
2026 N. FULTO	N AVENUE	D. STREET ADDRESS (If rurol, give location)	
10-2-2		2026 N. Fulton Avenue	
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		Under 1 Yr. If Under 24 H nths Doys Hours Min
Male Colored	Widowed	Sept. 8. 1902 63	
IDA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTR		CITIZEN OF
one doring most of working the, even if rented,		Md. U	.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
James Ta	tlon	Trong Johnson	
5. WAS DECEASED EVER IN U.S. ARMED	FORCES? 16. SOCIAL	Trene Johnson ADI	DRESS
Yes, no or unknown) (If yes, give wor or dote	s of service) SECURITY NO.	35.33	
		Mildred Brown Centervil	
18. 002.1	CAUSI	OF DEATH	ONSET AND DEATH
ANTECENDENT CAUSE DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REI DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON WAS PERI	NY, GIVING DUE TO CONTRIBUTING ATED TO THE STIT. DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDIN. IN CERTIFYING CAUSES O YES	GS CONSIDERED F DEATH?
21A, EXTERNAL CAUSE WAS	21B. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID (If in Boltimore City, give ex	oct location)
O UNDERLYING OR CONTRIB-	home, form, foctory, street,	office bidg., INJURY OCCUR?	
Z 21 D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F, HOW DID INJURY OCCUR?	
OF INJURY			
	m. WHILE AT NOT	WHILE	
22. I certify that I held an II	nquiry Inspection Au	topsy X and that an this bosis, death in my ap	inlon
resulted from: Natural can			
resulted from: Natural Cal	uses X Accident Suicid		
ACTUAL 1	1/0	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE	Tribe- M.D	ASSISTANT MEDICAL EXAMINER	
EXAMINER'S NAME (Type) RUSSELL	S. FISHER, M.D.	ASSOCIATE MEDICAL EXAMINER	7-16-66
3A. BURIAL CREMATION, 23B. DATE	23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town	, or county) (State)
REMOVAL (Specify) Burial 7-20	-66 Mt. "uburn	Cem. Balto. Md.	
Burial 7-20 24A. DATE REC'D BY HEALTH DEPT.	248 NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	ADDRESS
		11 11/ 15:18	1 11
	OOF TO TO DOWN	George Kilson 1348	-Alhoun -
VS 151-REV, 1/1/64	(II Jeen E. Come)		



-425 BIRTH N

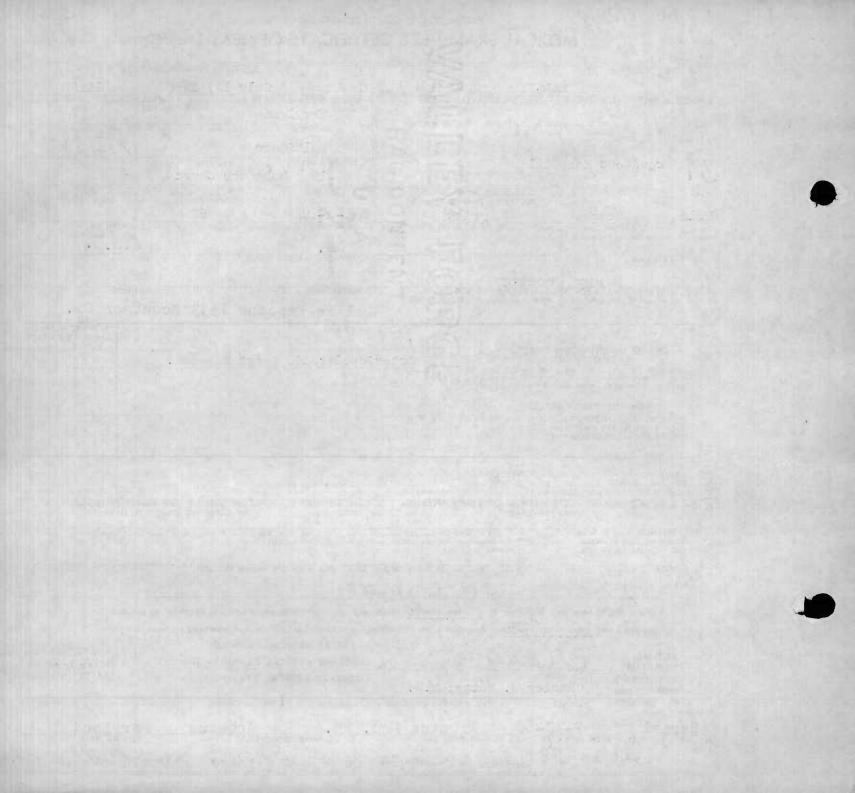
VS 151-REV. 1/1/65

	TH NO.	MEDI		(AMINER'S CI			DEATH Register	red No)()
_	E. CASE NO.									
(Ťy	NAME OF DECE pe or Print)	OTIS		WILSON			14, 1966	D DEAD	10:10	P
3. 1	PLACE IN BALTIA	AORE MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RE	SIDENCE (Where	deceased lived. If insti	tution: resid	dence before	odmi s sion)
HC	LL NAME OF	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTION)	JTION, GIVE STREET	C. CITY OR	aryland TOWN (If outsident altimore)	e carporote limits. Write		nd give town:	ship)
3	Bon	Secour Hosp	pital			332 N. Ca	give locotion) alhoun Stree:	t		
5. :	SEX 6	. RACE		NEVER MARRIED	B. DATE OF B	IRTH	9. AGE (In years lost birthdoy)		Doys Hour	
	Male	Negro	WIDO WED,	Single	2-3-	17	49	1710111110		
			TOB. KIND OI	BUSINESS OR INDUSTRY		CE (State or foreig		12. CITIZ WHA	EN OF COUNTRY	
13.	FATHER'S NAME		1		14. MOTHER'S	MAIDEN NAM	E			
					Ine	z Alexd	er			
		EVER IN U.S. ARMED		16. SO CIAL	17. INFORMA			ADDRESS	5	
Ye	s, no or unknown) (I	f yes, give wor or dote	s of service)	SECURITY NO.	Mrs.	Joseph	Alexder 40)23 E	Belle	Ave
	1B.	X		CAUSE	OF DEATH	LAMBIRL			INTERVAL ONSET AN	
CERTIFICATION	heart failure, a injury or comp AN DISEASES O RISE TO THE UNDERLYING	t meon the mode of sisthenio, etc. It meons she included in the coused in technique of the coused in technique of the coused in technique of the couse of the cou	the discose, death.) S NY, GIVING TATING THE	(B) DUE TO (C)						
TIFIC/	TO THE D	FICANT CONDITIONS EATH BUT NOT RE CONDITION CAUSING	LATED TO T	Hypert			scular Disea			
CER	19A. DATE OF	DPERATION 198. CON WAS PER		WHICH OPERATION	Ye		20 B. IF YES, WERE FIN		ATH?	es.
EDICA		OR CONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., e, form, foctory, street, c	office bldg., INJ	URY OCCUR?	(If in Boltimore City, gi	ve exoct l	ocotion)	
Σ	21D TIME OF INJURY (APPROX.)	(Month) (Day) (Yeo		WHILE AT NOT AT W	WHILE	HOW DID INJ	URY OCCUR?	Pilg		
		fy that I held an I ed fram: Notural co	uses 🔀	Suicid	CHIEF				DATE S	
	EXAMINE NAME (T	R'S Chan	les S. I	Petty, M.D.		MEDICAL E	XAMINER			
	MOVAL (Specify)	ATION, 23B DATE	23	C. NAME of CEMETERY	CREMATORY			town, or		(Stote)
NE.	Burial	7-19		Mt. Auburn			Baltimore,			
24	A. DATE REC'D B			OF REGISTRAR	Eco. FUI	. 6. Ke	SON 134	18 C.	Alhoci	in S

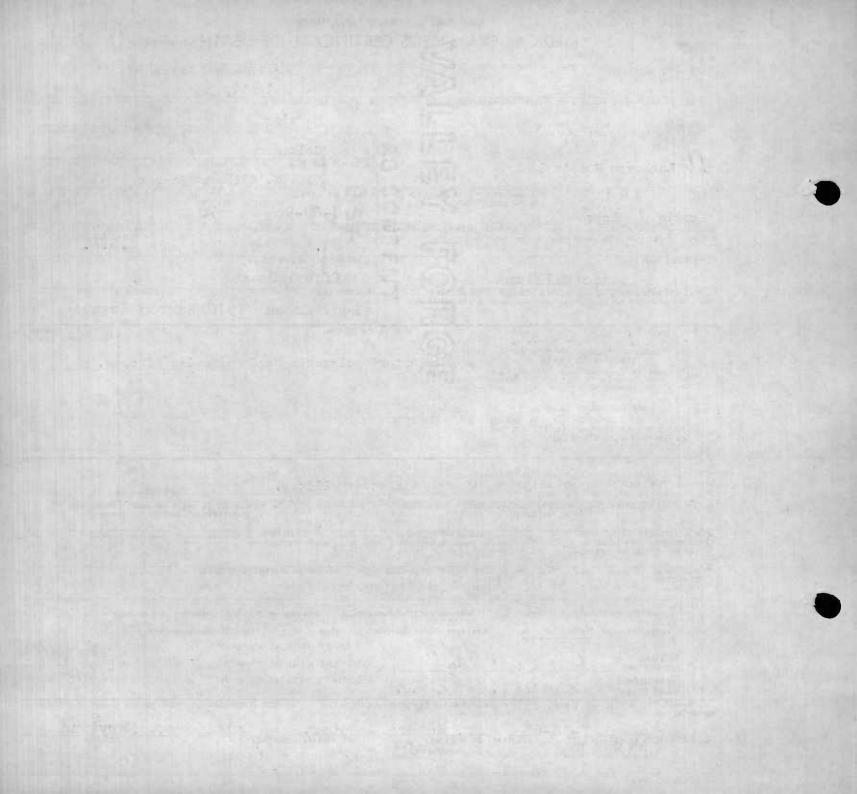


MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No

DIK	H NO.	IAILI	JICAL LA	MAIII ALK 5 C	LKIIIICAIL OI I	DLATTIKegiste	110.
	CASE NO.						
(Ťy	NAME OF DE	CEASED				D HOUR PRONOUNCE	ED DEAD
			LSEY			Ly 15, 1966	11:50 A M.
3. F	LACE IN BAL	IMORE MARYLAND,	WHERE PRONOL	JNCED DEAD	I A CTATE	deceased lived. If insti	tution: residence before odmission) NTY
FUL	L NAME OF	HE NOT IN HOSE	TAL OR INSTITU	ITION GIVE STREET	Maryland		
HO	SPITAL OR	ADDRESS OR LO	CATION)	JTION, GIVE STREET	C. CITY OR TOWN (If outsid	le carparote limits, write	RURAL and give township)
1113	11011011				Baltimore		15-11
2	Prov	ident Hospi	tal		D. STREET ADDRESS (If jurol,	give location)	1
0		•			1533 Month	nore Court	hountmer
5. 5	EX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
			2.0	DIVORCED (specify)	r 6 01	last birthday)	Months Days Hours Min.
	ale	Negro		ried	5-6-04 (11. BIRTHPLACE (State or foreign	62	12. CITIZEN OF
		working life, even if retired		BOSINESS OK INDUSTK	TI. BIKI HPLACE (Stole of loreit	gn country)	WHAT COUNTRY?
					Md.		U.S.A.
13.	ATHER'S NAM	ΛĒ			14. MOTHER'S MAIDEN NAM	E	
		Harry Pr	roctor				
		D EVER IN U.S. ARM	ED FORCES?	16. SO CIAL	17. INFORMANT		ADDRESS
(Tes	, no of unknown	(If yes, give wor or d	ates at service	SECURITY NO.	Nellie Procto	r 1533 Moi	intmor Ct.
	10	<u> </u>	4.5.			,1 , , , , , ,	
	1B. 4	.0		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEA	SE OR CONDITION					
	(This does	LEADING TO DEA			riosclerotic Hear	ct Disease.	
	heart failure	, asthenio, etc. It med mplication which cause	ons the discose,	DUE TO			
	injuly of co	inplication which cause	d deoill.				
	-	ANTECENDENT CAU	SES	(B)			
		OR CONDITIONS, IF E ABOVE CAUSE (A)		DUE TO			
		NG CONDITION LAS					
Z			1,00	(C)			
E		li		THE COUNTY OF THE PARTY OF THE			Maria de la companya della companya della companya della companya de la companya della companya
0		NIFICANT CONDITION DEATH BUT NOT					
ERTIFICATION		R CONDITION CAUSI				••••••	
H	19A. DATE OF	OPERATION 198, CO	ONDITION FOR TERSORMED	WHICH OPERATION	20A. AUTOPSY? (Yes of No)	20B. IF YES, WERE FIN	
O	0	WA3 /	ER. ORIVIED		No	IN CERTIFIED CAUS	ES OF DEATH:
\ <u>₹</u>		CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID	(If in Boltimore City, give	re exact location)
EDIC		SE OF DEATH.	etc.)	, , , , , , , , , , , , , , , , , , , ,	Sings, Itts BRI OCCUR.		
Σ	21 D TIME	(Month) (Day) (Y	ear) (Hour) 2	LE. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
	OF INJURY				WHILE		
			m. V	WORK AT W	ORK L		
	22. cer	tify that I held an	Inquiry	Inspection X Au	topsy and that on th	is bosis, death in m	v opinion
		ted from: Notural		coldent Sulcid		Undetermined monne	
	resu	rea from: Notorol	couses X	Accident			
	ACTUA		0 1	1/-	CHIEF MEDICAL EX		DATE SIGNED
	SIGNAT		railes?	M.D	ASSISTANT MEDICAL EX	XAMINER X	7/15/66
	EXAMIN NAME (les S. Pe	etty, M.D.	ASSOCIATE MEDICAL E	XAMINER	7713700
	BURIAL CRE	MATION, 23B DATE	23	C. NAME of CEMETERY	CREMATORY 23D. L	OCATION (City,	town, ar county) (State)
	Burial	7-20)-66	Arbutus Men	n. Pk. A	Arbutus	Maryland
244	DATE REC'D	BY HEALTH DEPT.			24C. FUNERAL DIRECTOR		ADDRESS
		JUL 18 196	6 Robert	t E. Farkyma	George Ke	/sen 134	8 Calhoun St
VS	151-REV. 1/1/	65					2/

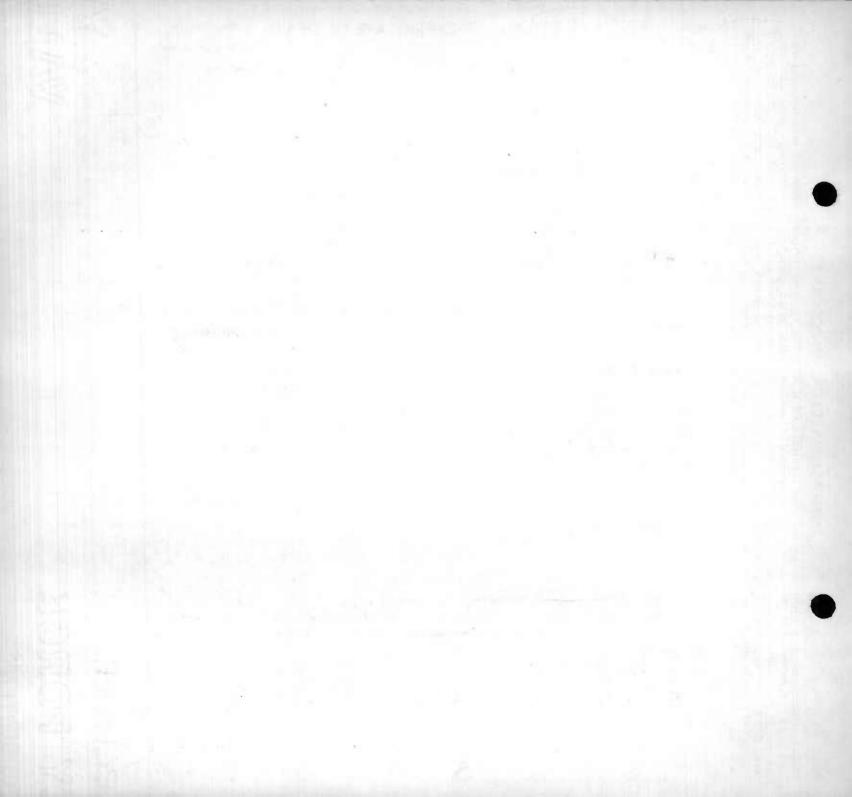


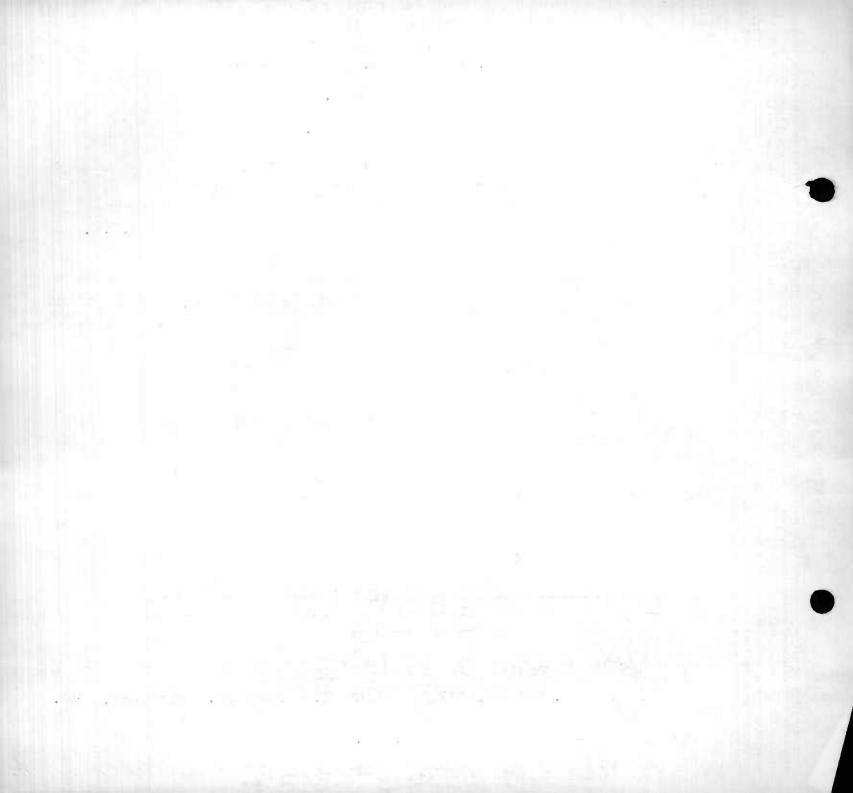
M.E. CASE NO			MINER'S CI		DATE AND	HOUR PRONOUNC	ED DEAD	
3 PLACE IN R	MINNIE		BENSON	IA LISUAL RESIDEN		L4, 1966 leceosed lived. If inst		:07 P M.
FULL NAME O	F (IF NOT IN HOSPIT.	AL OR INSTITUTION		A. STATE Mar	yland	B. COL	YTY	
HOSPITAL OR	ADDRESS OR LOCA	ATION)		Bal	timore	15	3	2 id wilsmip
46 Lut	heran Hospital	1		D. STREET ADDRE		_{give location)} Llamont Ave	nue	
5. SEX Female	6. RACE	7. MARRIED, NEV WIDOWED, DIVO		B. DATE OF BIRTH 5-29-		9. AGE (In years last birthday)		r. If Under 24 Hrs. s Hours Min.
done during most	CUPATION (Give kind of war of working life, even if retired)	k 108. KIND OF BUS	SINESS OR INDUSTRY	Ga.		country)	12. CITIZEN C	DUNTRY?
13. FATHER'S N	Issacc Wil	liams		Affie		S		
15. WAS DECEA (Yes, na ar unkna	(SED EVER IN U.S. ARMED wn) (If yes, give war ar dote	D FORCES? 16.5 es af service) S	SOCIAL SECURITY NO.	Lucy Gr	een	1910 Ruxt	on Ave	nue
heart foil	LEADING TO DEATH is not mean the made of ure, osthenia, etc. It means complication which coused	dying, e.g., s the disease,	(A) Arter	ioscleroti	c Cardi	lovascular l	Disease.	
DISEASE RISE TO UN DERL	as not mean, the made of ure, ostheria, etc. It means complication which coused ANTECENDENT CAUSI SOR CONDITIONS, IF A THE ABOVE CAUSE (A) SYING CONDITION LAST. II	f dying e.g., s the disease, death.) ES ANY, GIVING STATING THE	(B)			lovascular	Disease.	
DISEASE OTHER STOUNDERL OTHER STOUNDERL OTHER STOUNDERL OTHER STOUNDERL OTHER STOUNDERL	s not mean the made of use, as then in, etc. It means complication which coused ANTECENDENT CAUSI SOR CONDITIONS, IF AT THE ABOVE CAUSE (A) SYING CONDITION LAST. II III GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION 198, CONDITION 198	f dying e.g., s the disease, death.) ES ANY, GIVING ITATING THE CONTRIBUTING ELATED TO THE G IT.	(B)(C)	tes Mellit	us.	Lovascular	NDINGS CONS	ADERED
DISEASE RISE TO UNDERLY OTHER STO THE DISEASE SENDERLY OTHER STO THE DISEASE SENDERLY OUNDERLY OUNDERL	s not mean the made of use, as then in, etc. It means complication which coused ANTECENDENT CAUSI SOR CONDITIONS, IF AT THE ABOVE CAUSE (A) SYING CONDITION LAST. II III GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION 198, CONDITION 198	dying e.g., s the disease, death,) ES ANY, GIVING STATING THE CONTRIBUTING ELATED TO THE G IT. NOTION FOR WHICK RFORMED	(B)(C)	20A. AUTOPSY? No	US.	20B. IF YES, WERE FI N CERTIFYING CAU	NDINGS CONS	SIDERED ?
DISEASE RISE TO UN DERLUM OTHER STONE TO THE	IN THE PROPERTY OF THE PROPERT	dying e.g., s the disease, death.) ES ANY, GIVING STATING THE CONTRIBUTING ELATED TO THE GIT. NOTION FOR WHIC RFORMED 21 B. PLAC home, far	Diabe (C) Diabe CH OPERATION CE OF INJURY (e.g., rm, foctory, street, compared to the compared to th	20A. AUTOPSY? NO in ar about 21C. WF office bldg. NJURY 6	US.	20B. IF YES, WERE FI N CERTIFYING CAU f in Baltimare City, gi	NDINGS CONS	SIDERED ?
DISEASE RISE TO UNDERL OTHER TO UNDERL OTHER TO UNDERL OTHER TO UNDERLYIN UNDERLYIN UNDERLYIN UNDERLYIN OF INJURY (APPROX.) 22.	ANTECENDENT CAUSE ANTECENDENT CAUSE ANTECENDENT CAUSE SOR CONDITIONS, IF A THE ABOVE CAUSE (A) S YING CONDITION LAST. II GENIFICANT CONDITIONS E DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION NAL CAUSE WAS GOR CONTRIB- AUSE OF DEATH. (Month) (Doy) (Yeo	dying e.g., s the disease, death, ES ANY, GIVING STATING THE CONTRIBUTING ELATED TO THE G IT. NOITION FOR WHICE RFORMED 21 B. PLAC home, for etc.) 11 WHILL m. WORK Inquiry In:	DIADE (B) DIADE CH OPERATION CE OF INJURY (e.g., m, foctory, street, c	tes Mellit 20A. AUTOPSY? NO in or about 21C. Wh ffice bldg., NJURY 6 21F. HOV	US. (Yes or No) 1 HERE DID (I) OCCUR?	20B. IF YES, WERE FI N CERTIFYING CAU f in Baltimare City, gi RY OCCUR?	NDINGS CONS SES OF DEATH ive exact lacolid	SIDERED ?
DISEASE RISE TO UNDERL OTHER ST DISEASE RISE TO UNDERL OTHER ST DISEASE 19A. DATE 21A. EXTER UNDERLYIN UTING C OF INJURY (APPROX.) 22. 1 c res	ANTECENDENT CAUSE ANTECENDENT CAUSE ANTECENDENT CAUSE SOR CONDITIONS, IF A THE ABOVE CAUSE (A) S YING CONDITION LAST. II GENIFICANT CONDITIONS E DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION NAL CAUSE WAS GOR CONTRIB- AUSE OF DEATH. (Month) (Doy) (Yeo ertify that I held on I sulted froms Natural co	dying e.g., s the disease, death,) ES ANY, GIVING STATING THE GCONTRIBUTING ELATED TO THE GITA TO THE MODITION FOR WHICK HOUR THE MODITION FOR WHICK HO	DUE TO (B) DUE TO (C) Diabe CH OPERATION CE OF INJURY (e.g., m, foctory, street, company) Modernt Suicid Colory M.D.	tes Mellit 20A. AUTOPSY? NO in or about 21C. Wh ffice bldg., NJURY 6 21F. HOV	US. IYes or No! IERE DID (I) DCCUR? W DID INJU that on this DICAL EX. DICAL EX.	20B. IF YES, WERE FIN CERTIFYING CAU f in Baltimare City, gi RY OCCUR? s bosis, death in r ndetermined monn AMINER AMINER	NDINGS CONS SES OF DEATH ive exact lacation	SIDERED ?



VS 150-REV. 1/1/65

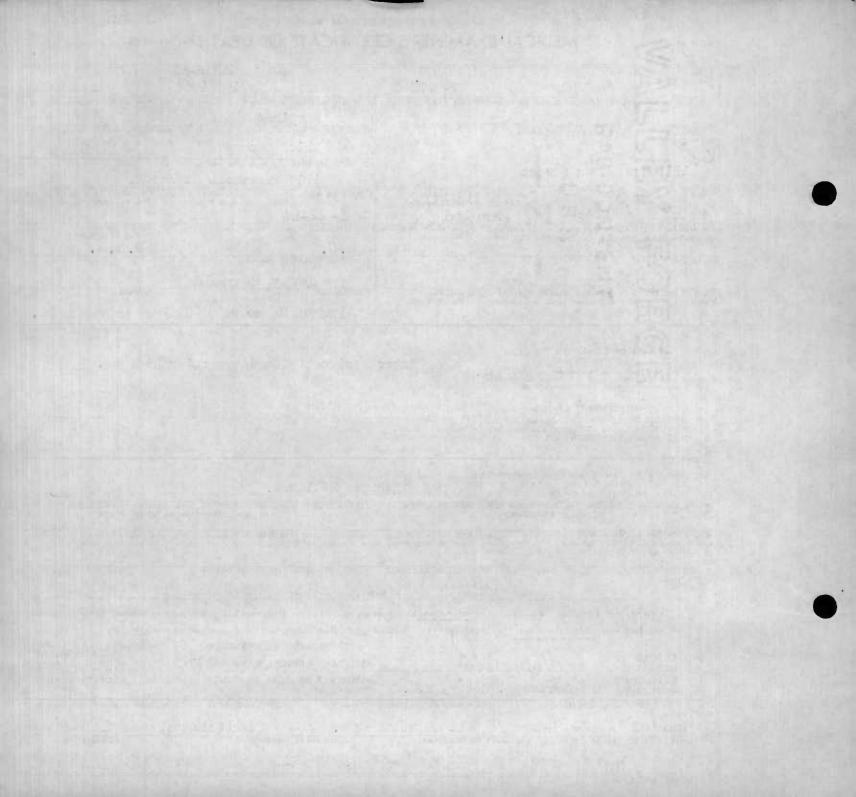
	hh 11/7%			6.4.
BIRT	th No. 66 U728	CERTIFIC	ATE OF DEATH	egistered No. 66 07285
	E CASE NO. IAME OF DECEASED	- Cantillity	2. DATE AND HO	DIIR OF DEATH
	pe or Print)			- 121 D
3. 1	PLACE OF DEATH IN BALTIMORE MA	Handy	4. USUAL RESIDENCE (Where dec	eosed lived. If institution; residence before odmis
			A. STATE B. COUNTY	cosed fived. If institution, lesigence before burns
	FULL NAME OF (If not in hospital	ar institution, give street	Md.	
	HOSPITAL OR oddress or locotic	on)	C. CITY OR TOWN (If outside c	city limits, write RURAL and give township)
			Balto.	16-04
1	1) gor Annlatan	Q+		give lacation)
17	807 Appleton	50.	807 Appleton	Street
5. S	SEX 6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AG	E (In years If Under 1 Yr. If Under 24
	No Manage	WIDOWED, DIVORCED (specify)	2-22-10 last bi	inthday) Manth's Doy's Hours M
INA	M Negro	Married	TRY 11. BIRTHPLACE (State or foreign cou	untry) 12. CITIZEN OF
don	e during most of working fite, even if retired)			WHAT COUNTRY?
Cı	ustodian-Dept. Ed		Maryland	U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	George Ha	ndv	Mary F	Celly
16				
(Yes	Was Deceased Ever in U. S. Armed Fa s,no or unknown) (If yes, give wor or dot	es of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		215-09-9309	Mildred Hands	807 Appleton Street
	18. // 3 //	CAUS	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DI	PECTLY	71	ONSET AND DEATH
	LEADING TO DEATH		Dogwill ha	mhozis
	(This does not mean the made of	(A) C	0 00 4 000 01 1 7 00	
	heart lailure, osthenio, etc. II meons	dying, e.g., DUE TO		
	heart lailure, osthenio, etc. II meons injury or complication which coused	d dying, e.g., DUE TO sthe disease, d deoth.)	aleris sebretie	Heart-Chiease
	heart lailure, osthenio, etc. II meons injury or complication which coused ANTECEDENT CAUSES	f dying, e.g., s the diseose, d deoth.) (B)	Elein sebutie	Heart-Cheeasl
	heart lailure, osthenio, etc. II meons injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if	f dying, e.g., s the diseose, d deoth.) S (B) (B) (DUE TO Only, giving	Ileis sebute	Heart herast
	heart lailure, osthenio, etc. II meons injury or complication which coused ANTECEDENT CAUSES	f dying, e.g., s the diseose, d deoth.) S (B) (B) (DUE TO Only, giving	Ileis sebute Energy il art	Mean chease Termseburs
	heart lailure, osthenio, etc. II meons injury or complication which coused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION lost.	f dying, e.g., s the diseose, d deoth.) S (B) (B) (DUE TO Only, giving	Elein sebutie Energlis act	Heart Chelast
Z	heart lailure, asthenia, etc. II means injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION lost.	d dying, e.g., she disease, dideath.) S Ony, giving stating the (C)	Energy all and	Heart Chelest
TION	heart failure, osthenio, etc. II means injury or complication which coused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION lost.	d dying, e.g., she disease, dideath.) S (B) Ony, giving stating the (C) CONTRIBUTING ATED TO THE	Energy of art	Heart Cheesel
ICATION	heart failure, asthenia, etc. II means injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT REL. DISEASE OR CONDITION CAUSING	d dying, e.g., she disease, dideath.) S (B) Ony, giving stating the (C) CONTRIBUTING ATED TO THE IT.	8	
	heart failure, asthenia, etc. II means injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT REL. DISEASE OR CONDITION CAUSING	d dying, e.g., she disease, dideath.) S (B) Ony, giving stating the (C) CONTRIBUTING ATED TO THE IT.	8	Heart chesase Jernsebura IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
	heart lailure, osthenio, etc. II means injury or complication which coused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELIDISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONWAS PER	d dying, e.g., she disease, dideoth.) S Ony, giving stating the (C) CONTRIBUTING ATED TO THE IT. NOTION FOR WHICH OPERATION REFORMED	20A. AUTOPSY? (Yes at No) 20B.	- IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
L CERTIFIC	heart lailure, osthenio, etc. II meons injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELIDISEASE OR CONDITION CAUSING 19A.DATE OF OPERATION 19B. CONWAS PER 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	d dying, e.g., she diseose, dideoth.) S (B) Ony, giving stoting the (C) CONTRIBUTING ATED TO THE IT. NOTION FOR WHICH OPERATION REPORMED 218. PLACE OF INJURY(E home, form, foctory, street	8	
CAL CERTIFIC	heart lailure, osthenio, etc. II means injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT REL. DISEASE OR CONDITION CAUSING 19A.DATE OF OPERATION 19B. CONWAS PER 19A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	d dying, e.g., s the diseose, d deoth.) S (B) Ony, giving stoting the (C) CONTRIBUTING ATED TO THE IT. NOTION FOR WHICH OPERATION REORMED	20A. AUTOPSY? (Yes or No) 20B. IN	- IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
CAL CERTIFIC	heart lailure, osthenio, etc. II means injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT REL. DISEASE OR CONDITION CAUSING 19A.DATE OF OPERATION 19B. CONWAS PER 19A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	d dying, e.g., sthe diseose, dideoth.) S ONY, giving stoting the CONTRIBUTING ATED TO THE IT. NOTION FOR WHICH OPERATION REORMED 218. PLACE OF INJURY (ehome, form, foctory, stree etc.)	20A. AUTOPSY? (Yes or No) 20B. IN	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact locolion)
AL CERTIFIC	heart lailure, osthenio, etc. II means injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT REL. DISEASE OR CONDITION CAUSING 19A.DATE OF OPERATION 19B. CONWAS PER 19A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	d dying, e.g., sthe diseose, dideoth.) S	g., in or obout 21C. WHERE DID, office bldg., INJURY OCCUR?	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact locolion)
CAL CERTIFIC	heart lailure, osthenio, etc. II means injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT REL. DISEASE OR CONDITION CAUSING 19A-DATE OF OPERATION 19B. CONWAS PER 19A-DATE OF OPERATION 19B. CONWAS	d dying, e.g., she diseose, dideoth.) S	g., in or obout 21C. WHERE DID, office bldg., INJURY OCCUR?	OCCUR?
CAL CERTIFIC	heart failure, asthenia, etc. II means injury or complication which coused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELIDISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONWAS PER CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Manth) (Day) (Year) OF INJURY	d dying, e.g., she diseose, dideoth.) S	g., in or obout 21C. WHERE DID, office bldg., INJURY OCCUR?	OCCUR?
CAL CERTIFIC	heart lailure, asthenia, etc. II means injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT REL. DISEASE OR CONDITION CAUSING 19A-DATE OF OPERATION 19B. CONWAS PER 19B. CO	d dying, e.g., she disease, dideath.) Source of death.) Ony, giving stating the (C) CONTRIBUTING ATED TO THE IT. NOTION FOR WHICH OPERATION REFORMED 218. PLACE OF INJURY (C) have, form, factory, stree etc.) (Hour) 218. INJURY OCCURRED Wile At Not Wark Wark Not Wark Wark A V	g., in or obout 21C. WHERE DID INJURY OCCUR?	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) DCCUR?
CAL CERTIFIC	heart lailure, osthenio, etc. II means injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELIDISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONWAS PER CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this baseled that (I) (wa) last saw the decease	d dying, e.g., s the disease, d death.) S (B) Ony, giving stating the (C) CONTRIBUTING ATED TO THE IT. NDITION FOR WHICH OPERATION REFORMED 21B. PLACE OF INJURY (e hame, form, factory, stree etc.) (Hour) 21E. INJURY OCCURRED While At Not Work At V (c) While At Not work At V (c) While At Not work At V (c) It attended the deceased fram and alive an occurrence of the deceased fram and alive and al	20A. AUTOPSY? (Yes at No) 20B. g., in or obout 21C. WHERE DID , affice bidg., INJURY OCCUR? 21F. HOW DID INJURY C	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) DCCUR?
CAL CERTIFIC	heart lailure, asthenia, etc. II means injury or complication which coused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELIDISEASE OR CONDITION CAUSING 19A.DATE OF OPERATION 19B. CONWAS PER 21A.ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 21D.TIME (Manth) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this haspital that (I) (we) last saw the decease and haur and fram the causes star	d dying, e.g., s the disease, d death.) S (B) Ony, giving stating the (C) CONTRIBUTING ATED TO THE IT. NDITION FOR WHICH OPERATION REFORMED 21B. PLACE OF INJURY (e hame, form, factory, stree etc.) (Hour) 21E. INJURY OCCURRED While At Not Work At V (c) While At Not work At V (c) While At Not work At V (c) It attended the deceased fram and alive an occurrence of the deceased fram and alive and al	20A. AUTOPSY? (Yes at No) 20B. g., in or obout 21C. WHERE DID , affice bidg., INJURY OCCUR? 21F. HOW DID INJURY C	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact locolion) DCCUR? (my) (audianian death accurred an the
CAL CERTIFIC	heart lailure, osthenio, etc. II means injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELIDISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONWAS PER CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this baseled that (I) (wa) last saw the decease	d dying, e.g., s the disease, d death.) S (B) Ony, giving stating the (C) CONTRIBUTING ATED TO THE IT. NDITION FOR WHICH OPERATION REFORMED 21B. PLACE OF INJURY (e hame, form, factory, stree etc.) (Hour) 21E. INJURY OCCURRED While At Not Work At V (c) While At Not work At V (c) While At Not work At V (c) It attended the deceased fram and alive an occurrence of the deceased fram and alive and al	20A. AUTOPSY? (Yes ar No) 20B. g., in or obout 21C. WHERE DID t. office bidg., INJURY OCCUR? 21F. HOW DID INJURY OF And that in (1) view the bady after death.	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) DCCUR?
CAL CERTIFIC	heart lailure, asthenia, etc. II means injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT REL.) 19A-DATE OF OPERATION 19B. CONWAS PER (A) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this hasping that (I) (was last saw the decease and haur and from the causes stated and haur and from the causes and haur and from the causes stated and haur and from the causes and haur and from the cause stated and haur and from the causes and haur and from the cause stated and	d dying, e.g., s the disease, d death.) S (B) Ony, giving stating the (C) CONTRIBUTING ATED TO THE IT. NOTION FOR WHICH OPERATION REFORMED 218. PLACE OF INJURY (e hame, factory, stree etc.) (Hour) 21E, INJURY OCCURRED While At Not Wark At Value and alive an inted above. (I) (W) (did) (did not approximate above. (I) (W) (did) (did not approximate above. (II) (W) (did) (did not approximate above.)	g. in or obout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY Of and that in (t) view the bady after death. Attending Med. Director Phys.	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact locolion) DCCUR? (my) (audianian death accurred an the
CAL CERTIFIC	heart lailure, asthenia, etc. II means injury or complication which coused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELIDISEASE OR CONDITION CAUSING 19A.DATE OF OPERATION 19B. CONWAS PER 21A.ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 21D.TIME (Manth) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this haspital that (I) (we) last saw the decease and haur and fram the causes star	d dying, e.g., s the disease, d death.) S (B) Ony, giving stating the (C) CONTRIBUTING ATED TO THE IT. NOTION FOR WHICH OPERATION REFORMED 218. PLACE OF INJURY (e hame, factory, stree etc.) (Hour) 21E, INJURY OCCURRED While At Not Wark At Value and alive an inted above. (I) (W) (did) (did not approximate above. (I) (W) (did) (did not approximate above. (II) (W) (did) (did not approximate above.)	20A. AUTOPSY? (Yes ar No) 20B. g., in or obout 21C. WHERE DID t. office bidg., INJURY OCCUR? 21F. HOW DID INJURY OF And that in (1) view the bady after death.	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact locolion) DCCUR? (my) (audianian death accurred an the
CAL CERTIFIC	heart lailure, asthenia, etc. II means injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT REL.) 19A-DATE OF OPERATION 19B. CONWAS PER (A) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this hasping that (I) (was last saw the decease and haur and from the causes stated and haur and from the causes and haur and from the causes stated and haur and from the causes and haur and from the cause stated and haur and from the causes and haur and from the cause stated and	d dying, e.g., s the disease, d death.) S (B) Ony, giving stating the (C) CONTRIBUTING ATED TO THE IT. NODITION FOR WHICH OPERATION REFORMED 21B. PLACE OF INJURY (c hame, fortary, stree etc.) (Hour) 21E, INJURY OCCURRED While At Not Work At	g. in or obout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY Of and that in (t) view the bady after death. Attending Med. Director Phys.	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact locolion) DCCUR? (my) (audianian death accurred an the
MEDICAL CERTIFIC	heart lailure, osthenio, etc. II means injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT REL.) OTHER SIGNIFICANT CONDITION CAUSING 19A-DATE OF OPERATION 19B. CONWAS PER 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this basping that (I) (we) last saw the decease and haur and fram the causes stated and haur and fram the causes and haur and fram t	d dying, e.g., s the disease, d death.) S (B) Ony, giving stating the (C) CONTRIBUTING ATED TO THE IT. NODITION FOR WHICH OPERATION REFORMED 21B. PLACE OF INJURY (c hame, fortary, stree etc.) (Hour) 21E, INJURY OCCURRED While At Not Work At	20A. AUTOPSY? (Yes or No) 20B. g., in or obout 21C. WHERE DID. affice bldg., INJURY OCCUR? 21F. HOW DID INJURY Of the state of the st	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact locotion) DCCUR? To locate the locate and t
MEDICAL CERTIFIC	heart lailure, asthenia, etc. II means injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL. DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONWAS PER 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this haspital that (I) (wa) last saw the decease and haur and fram the causes stated as a signature of the cause of th	d dying, e.g., she disease, dideoth.) Source of deoth.) Ony, giving stating the (C) CONTRIBUTING ATED TO THE IT. NOTION FOR WHICH OPERATION REFORMED 218. PLACE OF INJURY (C) have been form, factory, streetel.) (Hour) 218. PLACE OF INJURY (C) will of the deceased from the d	20A. AUTOPSY? (Yes or No) 20B. g., in or obout 21C. WHERE DID t. office bidg., INJURY OCCUR? 21F. HOW DID INJURY CO. 2	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact locotion) DCCUR? To locate the locate and t
MEDICAL CERTIFIC	heart lailure, osthenio, etc. II means injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT REL. DISEASE OR CONDITION CAUSING 19A-DATE OF OPERATION 19B. CON WAS PER 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this begins and haur and from the causes stated that (I) (we) last saw the decease and haur and from the causes stated that (I) (we) last saw the decease and haur and from the causes stated that (I) (we) last saw the decease and haur and from the causes stated that (I) (we) last saw the decease and haur and from the causes stated that (I) (we) last saw the decease and haur and from the causes stated that (I) (we) last saw the decease and haur and from the causes stated that (I) (we) last saw the decease and haur and from the causes stated that (I) (we) last saw the decease and haur and from the causes stated that (I) (we) last saw the decease and haur and from the causes stated that (I) (we) last saw the decease and haur and from the causes stated that (I) (we) last saw the decease and haur and from the causes stated that (I) (we) last saw the decease and haur and from the causes stated that (I) (we) last saw the decease and haur and from the causes stated that (I) (we) last saw the decease and haur and from the causes stated that (I) (we) last saw the decease and haur and from the causes stated that (I) (we) last saw the decease and haur and from the causes stated that (I) (we) last saw the decease and haur and from the causes stated that (I) (we) last saw the decease that (I) (we	d dying, e.g., s the disease, d death.) S (B) Ony, giving stating the (C) CONTRIBUTING ATED TO THE IT. NOTION FOR WHICH OPERATION REPORMED 218. PLACE OF INJURY (e hame, form, factory, stree etc.) (Hour) 21E. INJURY OCCURRED While At Not Wark At Var	20A. AUTOPSY? (Yes or No) 20B. g., in or obout 21C. WHERE DID t. office bidg., INJURY OCCUR? 21F. HOW DID INJURY OF COMMENT OF COM	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact locotion) DCCUR? To locate the locate and t
MEDICAL CERTIFIC	heart lailure, asthenia, etc. II means injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELIDISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONWAS PER (CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this baseled that (I) (wa) last saw the decease and haur and fram the causes stated that (I) (wa) last saw the decease and haur and fram the causes stated that (I) (wa) last saw the decease and haur and fram the causes stated that (I) (wa) last saw the decease and haur and fram the causes stated that (I) (wa) last saw the decease and haur and fram the causes stated that (I) (wa) last saw the decease and haur and fram the causes stated that (I) (wa) last saw the decease and haur and fram the causes stated that (I) (wa) last saw the decease and haur and fram the causes stated that (I) (wa) last saw the decease and haur and fram the causes stated that (I) (wa) last saw the decease and haur and fram the causes stated that (I) (wa) last saw the decease and haur and fram the causes stated that (I) (wa) last saw the decease and haur and fram the causes stated that (I) (wa) last saw the decease and haur and fram the causes stated that (I) (wa) last saw the decease and haur and fram the causes stated that (I) (wa) last saw the decease and haur and fram the causes stated that (I) (wa) last saw the decease of the control of th	d dying, e.g., she disease, dideoth.) Source of deoth.) Ony, giving stating the (C) CONTRIBUTING ATED TO THE IT. NOTION FOR WHICH OPERATION REFORMED 218. PLACE OF INJURY (C) have been form, factory, streetel.) (Hour) 218. PLACE OF INJURY (C) will of the deceased from the d	20A. AUTOPSY? (Yes or No) 20B. IN g. in or obout 21C. WHERE DID , office bidg., INJURY OCCUR? 21F. HOW DID INJURY CO. 21F. HOW DID INJURY CO. 21F. HOW DID INJURY CO. Attending Med. Stoff Phys. Attending Med. Director Phys. 23D. ADDRESS .D. 30 / Jac. CREMATORY 24D. LOCATI	OCCUR? (If in Boltimore City, give exact locotion) OCCUR? 19 6 (my) (an apinian death accurred an the





1-250 BIRTH NO.

BIRT	H NO.	MI	EDICAL EX	AMINER'S CI	ERTIFICAT	E OF	DEATH Register	red No	
M.E	CASE NO.					100	ELL CIVE		
1. N	NAME OF DEC	EASED					D HOUR PRONOUNCE	D DEAD	
, , , ,	, , , , , , , , , , , , , , , , , , , ,	JORDA	AN	NEWSOME	1000	July	15, 1966	1:40	A M.
3. P	LACE IN BALT	IMORE, MARYLAND	, WHERE PRONOL	JNCED DEAD	4. USUAL RESIDE	NCE (Where	deceased lived. If instit	tution: residence before	odmission)
					A. STATE Mar	yland	8. COU	NIT	
FUL	L NAME OF	(IF NOT IN HO	SPITAL OR INSTITU	JTION, GIVE STREET			e corporate limits, write	RURAL and give town	nship)
IN S	TITUTION	ADDRESS ON C			Ra1	timore		C-001	
1	0							2-02	
0	1713 P	resstman S	treet		D. STREET ADDRI				
							stman Street		
5. S	EX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	Months, Doys, Ho	
1M	[ale	Negro		ried	6-22-	01.	62	1000	1
				BUSINESS OR INDUSTRY				12. CITIZEN OF	
		vorking life, even if reti						WHAT COUNTR	r?
	1000				N.C.			U.S.A.	
13. F	ATHER'S NAM	E			14. MOTHER'S MA	IDEN NAM	E		
		Jordon N	ewsome		Be	ttv R	eynold		
		D EVER IN U.S. AR	MED FORCES?	16. SOCIAL	17. INFORMANT	001	0 110 2 4	ADDRESS	
(Yos	, no or unknown	(If yes, give wor or	dotes of servico)	SECURITY NO.	07 - 3	7.7	1720	D	CL
					Gladys	MeMa	ome 1/20	Presstman	Dt.
	1B. 4	14126	10 X	CAUSE	OF DEATH	1160		INTERVAL ONSET AN	
	DISEAS	E OR CONDITION	N DIRECTLY						
		LEADING TO DE		(A) Arter	ioscleroti	c Card	iovascular D	isease.	
	(This does r	osthenio, etc. It n	o of dying, o.g.,	DUE TO	***************************************		***************************************		
	injury or cor	mplication which cou	used deoth.)					March .	
	^	NTECENDENT CA	VIICEC						
		OR CONDITIONS,		(8) DUE TO	••				
	RISE TO TH	E ABOVE CAUSE (A) STATING THE	DOE 10				THE RESERVE	
-,	UNDERLYIN	IG CONDITION L	AST.	(C)					
õ				10/					
CERTIFICATION	OTHER SICE	II NIFICANT CONDITI	ONE CONTRIBUTU	NG					
Ö	TO THE	DEATH BUT NO	T RELATED TO T		etes Melli	tus.			
		R CONDITION CAL							•••••
E.	19A. DATE OF		CONDITION FOR	WHICH OPERATION	20A. AUTOPSY?	(Yos or No)	20B. IF YES, WERE FIN	NDINGS CONSIDERED	
	0		TER. ORTED		No		THE CERTIFICATION OF THE STATE	as of brain.	
K		OR CONTRIB-	21 B.	PLACE OF INJURY (e.g.,	in or obout 21C. W	HERE DID	(If in Boltimore City, giv	vo exoct locotion)	Maille
음		SE OF DEATH.	etc.)	form, foctory, street, o	mce bidg, INJURI	OCCUR?			
MEDICAL	010 71115			Te Indiana e e e e e e e e e e e e e e e e e e		W 016 157	LINY O COLLEG		123
	OF INJURY	(Month) (Doy)	(Yeor) (Hour) 2	TE. INJURY OCCURRED		M DID INT	URY OCCUR?		
	(APPROX.)		m. V	WHILE AT NOT Y	ORK				
	22. 1 cert	ify that I held an				that an th	Is basis, deoth in m	ny apinion	
	and all	ted fram: Natura	Leaves Tr	Sulcide	Mamiaid		Undetermined manne		
	19301	Ted Trains Trains	I cdoses [X	Solcius Solcius					
	ACTUAL		1	1/-			CAMINER	DATE S	IGNED
	SIGNAT		(-ailes !	Telly M.D.	ASSISTANT ME	DICAL E	KAMINER X		
	EXAMIN	FR'S	~ _	0	ASSOCIATE ME			7/15/6	06
	NAME (arles S. P	etty, M.D.					
	. BURIAL CRE		TE 23	C. NAME of CEMETERY o	CREMATORY	23 D. L	OCATION (City,	town, or county)	(Stote)
KEA	AOVAL (Specify		0 66	Not Ashim	Com	1	Rol+imana	han Irreall	
2.11	Buria		9-66	Mt. Auburn			Baltimore,	- V	
24 A	. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERA	L DIRECTOR		ADDRESS	0
		"HIE" TO S	DES A D	B. E. Farleyn	A fabras	KI	1348 1	Callonson	SX
VIC	101 Dev 101	JUL LO	1200 (16)	10	1 Course	4504	/9/0	MINOCEN	3/2
A 2	151-REV. 1/1/	0.0							11



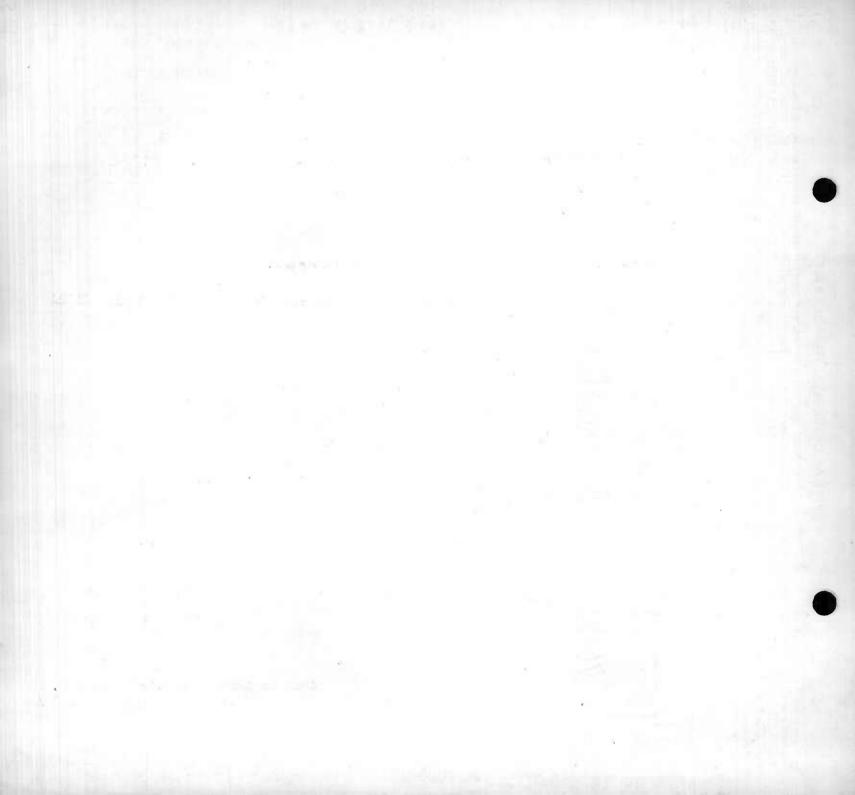
VS 150-REV, 1/17

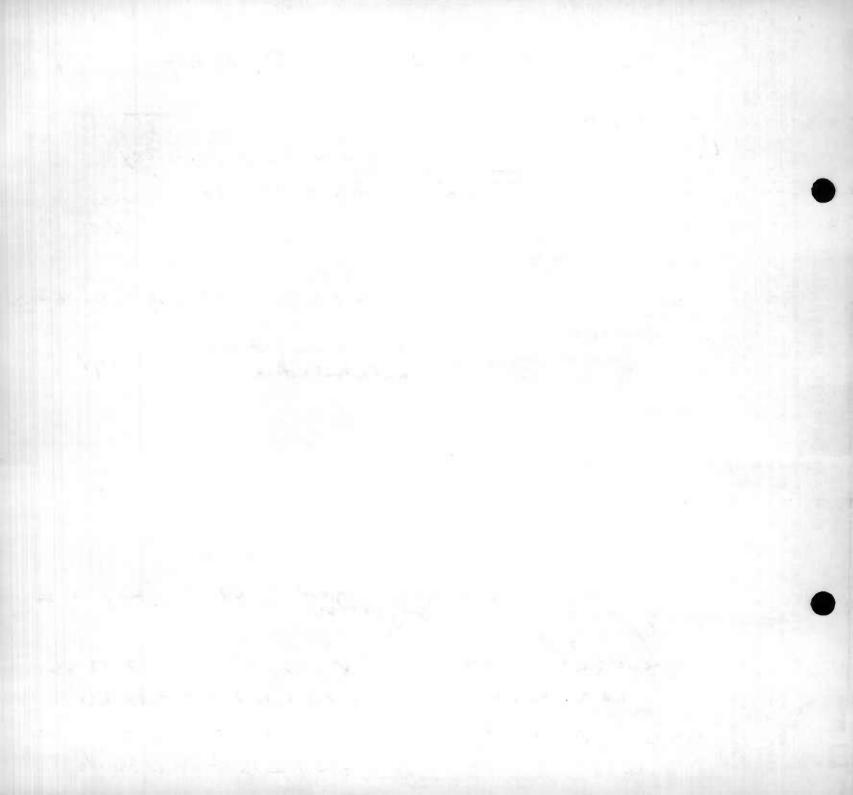
VS153--7/19/66

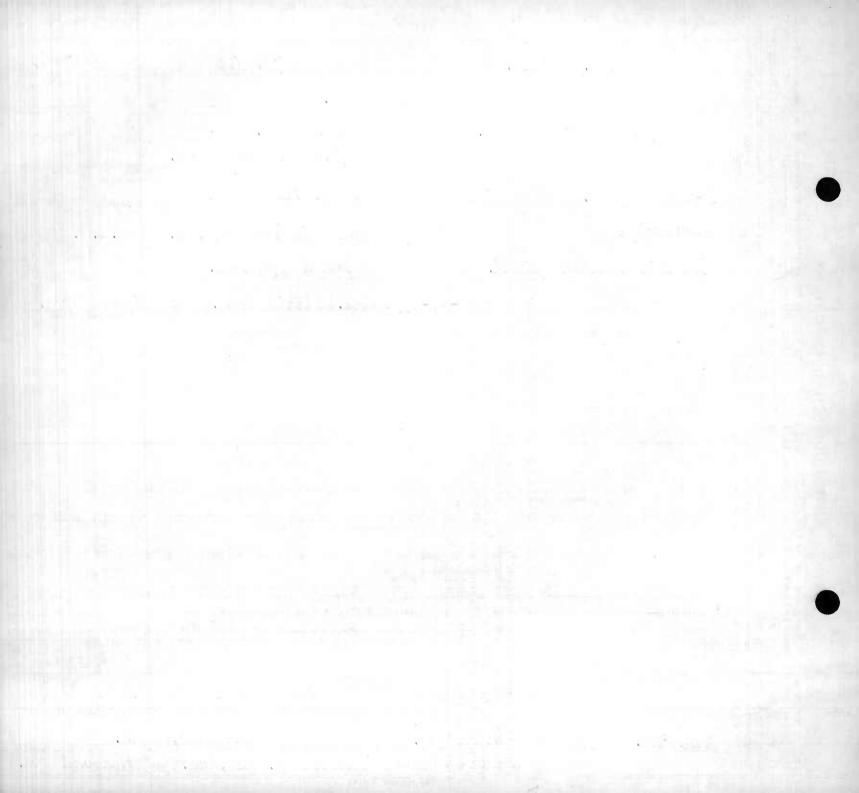
	66 07292		ALTIMORE CITY HEA				66 07	292	L
BIRTH NO. 65	21546 MED	ICAL EX	AMINER'S	ERTIFICA"	TE OF DE	EATH Registere	d No	~0~	
M.E. CASE NO.									
1. NAME OF DE		TD	MEDGED			HOUR PRONOUNCED		0.5	-
2 81 ACE IN PAI	STEPHAL TIMORE MARYLAND, W		MERCER	DA HEHAT SECTO		Ly 16, 1966 ceosed lived, If institut		:05	P _M ,
S. PLACE IN BAL	IIMORE MARIEAND, W	HEKE FRONOU	NCED DEAD	A. STATE	ryland	B. COUN.	TY Testaelice	before our	III S SIQIII
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET			arparote limits, write R	URAL and give	e township	p)
INSTITUTION				Ba	1timore	16-	-06		
Lutheran Hospital					RESS (If rural, gi	ve lacation)			
7						ntown Road			
5. SEX	6. RACE		IVORCED(specify)	B. DATE OF BIRT	Н		If Under 1 Yr. Months Days		
Male	Colored	1700 MINIO OF	DUCINESS OF INDUST	August	21, 1965	10 mths.			
	UPATION (Give kind of working life, even if retired)	KIUS KIND OF	BRZINEZZ OK INDOZI			country)	2. CITIZEN OF		
13. FATHER'S NAP	ME			Maryla 14. MOTHER'S M	ANDEN NAME		U.S.A		
	Leroy Merc	D FORCES?	16. SO CIAL	Brend 17. INFORMANT	ia_McGir	mls	ADDRESS		
(Yes, no or unknown	(If yes, give wor ar dat	es of service)	SECURITY NO.	Brond	to Marca	er 960 Fra	nklint	OM	Rd
1B. C.	210		CAUS	SE OF DEATH	ia riei ce	1 700 110		RVAL BET	
	ASE OR CONDITION D	IRECTLY					ONSE	ET AND D	DEATH
	LEADING TO DEATE	4		sphyxia du	e to aspi	ration of			
heart lailure	not mean the made o , osthenia, etc. It mean emplication which coused	s the disease,	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ragment of	bone				
	OR CONDITIONS, IF		(B)		• • • • • • • • • • • • • • • • • • • •				
RISE TO TH	HE ABOVE CAUSE (A) S	TATING THE							
Z			(C)						
OTHER SIG	II SNIFICANT CONDITIONS	CONTRIBUTIN	G						
O THE	DEATH BUT NOT RE	LATED TO TH		0000 m 000 00 m 0 m m 000 00 00 m m 00 00					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
19A. DATE O	F OPERATION 198. COI	NDITION FOR W	HICH OPERATION	20A. AUTOPSY		B. IF YES, WERE FIND		PERED	
0 2		RFORMED		Yes		CERTIFYING CAUSES	====		
	CAUSE WAS OR CONTRIB-	hame,	form, foctory, street,	office bldg., INJUR	WHERE DID (If I	in Baltimare City, give	exact lacation		
UTING CAL	JSE OF DEATH.	etc.)	Home			lintown Roa	d /6	-06	2.11
OF INJURY	(Manth) (Doy) (Yes		E. INJURY OCCURRED		OW DID INJURY	OCCUR?		133	
(APPROX.)	July 16, 196	6 ? m. W	ORK NOT	WHILE WORK					
22. I cer	rtify that I held on	Inquiry 🗌	Inspection A	utopsyX on	d that on this	bosis, deoth in my	opinion		
resu	Ited from: Notural co	uses A	cidentX Suici	de Homic		determined monner			
		7	1	CHIEF M	EDICAL EXA	MINER	DA	TE SIGN	NED
SIGNAT		MIN	her M.	D. ASSISTANT M	EDICAL EXA	MINER 🗌			
EXAMII NAME (NER'S Rus	sell S.	Fisher, M.D.	ASSOCIATE N	MEDICAL EXA	MINER	July 1	7, 19	66
23A, BURIAL CRI REMOVAL (Speci		230	NAME of CEMETERY	or CREMATORY	23 D. LOC	CATION (City, to	own, or county)	(5)	tote)
Buria	n 00	-66	Mt. Auburn	Cemeter		ltimore,	Maryla		
	BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR		ADDRE		7
	JUL 18 196	6 P. D	5 E. Falley M	A Geor	ca Kalan	N 1348	Colho	UNV	V7.
VS 151-REV. 1/1				7					-/

	00 000		BALTIMORE CITY	HEALTH DEPARTMENT		00 07000
BIRTH NO.	66 072	93	CERTIFICA	TE OF DEATH	Registered No.	66 77293
M.E. CASE NO.			CERTIFICA			
1. NAME OF DE (Type or Print)	1.7				ND HOUR OF DEATH	
	GUST KOUTS		S		7-13-66	4:55 A.M
. PLACE OF DI	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Whe	ere deceased lived. If in	stitution: residence before admission)
F1111 - N14 - 4.5	0.5 0.5 1 - 5-1			Maryland	A	
HOSPITAL OR			give street			RURAL ond give township)
INSTITUTION				Baltim		KOKAL one give township
25	0 . (1	•			060
J' Chu	rel Home & Ho	ospita		and the second of the second o	rurol, give location)	57.
				5235.	Newkirk	
5. SEX	6. RACE		D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. (f Under 24 Hrs. Months: Doys Hours Min.
M	W	3 4 4	A A	10/4/85	lost binndoy	Williams Doys Hools Williams
ON USUAL OCC	CUPATION (Give kind of work		E BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ian country)	12. CITIZEN OF
	working life, even if retired)	C1	1 - 1 /	C3	ngii cooniiy	WHAT COUNTRY?
Steel	worker	Ote	el. Industry	Greece		1 U.S.A.
3. FATHER'S NA	ME	1		14. MOTHER'S MAIDEN NA	ME	
0	1 .	5	1	A 1	PI	
G05	datinos	101	111105	Aroiro	Iroakis	
5. Was Decease	d Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	N 1 1.	ADDRESS
1/-	in yes, give wor or dole	3 0, 30,11,00,	313 07 7075	Mrs, Filla	Nichola	SIRI
INO			213-01-3713	5.23 3.1	Vewkirk	St. Daltimon
18. 42	0.		CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	ASE OR CONDITION DIE	RECTLY		14 1-11	1.1	- 1. /
	LEADING TO DEATH		(A)	Myocardial 7	active	7 12 Leurs
	nat meen the made of , asthenio, etc. It means			1		
	mplication which caused		(in the One	1:111	to I do
	ANTECEDENT CAUSES		(B)	leure Myoear	au march	len 6 vay
DISEASES			DUE TO	leute Myoear iteno relevokie		(-)
	OR CONDITIONS, if he abave couse (A)		ic a	trio selesotic	Heart Design	2
	IG CONDITION last.	or ming in	(0)			
	- 11					
Z OTHER SIGH	NIFICANT CONDITIONS C	ONTRIBUTIN	ie.			II STATE OF THE ST
E TO THE	DEATH BUT NOT RELA	TED TO TH				
A DISEASE OF	F OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or No	all 208 IE VEC WERE	EINDINGS CONSIDERED
D 19A. DATE C	WAS PER	FORMED	WHICH OFEKATION	ZOAL AUTOFST: (Tes of the	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
E ()						
OR CONTRI	ENT WAS UNDERLYING DEBUTING CAUSE OF	21 l	B. PLACE OF INJURY (e.g., in me. larm. factory, street, of	fice bldg., INJURY OCCUR?	(11 in Boltimore	e City, give exact location)
▼ DEATH (noti	ly medical examiner	etc				
21D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21 F. HOW DID INJ	ILIPY OCCUP?	
S OI MIJORI			hile At Not Whit		, o k i o o o o m.	
(APPROX)		W	ork At Work			
22. 1 certif	v that (1) (this hasnital) attended t	the deceased fram	7-7-	1966 to	7-13 1966
			7-13	/ /-		
that (I) (we) lost saw the decease	d dlive on.		19ond th	nat in(my) (aur) api	nion death accurred an the date
and hour a	nd from the causes star	red above. (I) (We) (did) (did not) v	riew the bady after death.		
23A. SIGNAT	URE C. Aple	luin	0 0,			23 B. DATE SIGNED
7	Codelio M.	du	M.D. Atte	ending Med. Director	Stolf	7-17-66
/ A C BILIYALOU		1			Phys.	1-11-00
23C.PHYSICI		YUM	1 1 400.	23D. ADDRESS	1/	11 +
	KODE HO	14.	1/1/ M.D.	Elmeh.	Kene &	Hospilal
24A. BURIAL CR	EMATION, 248. DATE	24C. N	AME of CEMETERY of CRI	EMATORY 24D. I	OCATION (C	ity, lown, or county) (State)
REMOVAL		, 6	17 11	101		1 /
Buria	1 7/16/	66 Or	cek Ortho	dox cometery	Baltim	0,6,170.
SA. DATE REC'	D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECTO	R 40 : 1 1	ADDRESS
	IIII 1 8 1966	Robert	TE Jankuma	Nicholas T	· Matthe	WS . Mal
10 100 BELL 111	WOL 20 1000	141000	9 -, /	1 302/ Ex	STERNAVE	Baltimere, Ma

Intiger event had be Page cashiel Friday U. a myreaded how to Fodice M from Clust Hend & Hay, W. PORELIO AT LING







37/11W

· Trocony Skill proble

- Nirebud

ISAL Northeate Rel

PP 1(/4/E)

ALREADH

COX

Lichtie - Edmin St. But

Gendeday blee - Combine

CONCESTIVE HERF TRILING

ASHD & MUNICIPAL FRANCESTON

7/11/6h & Penson Enhancement

David & doluments DE FM DUZAN

\$ 05

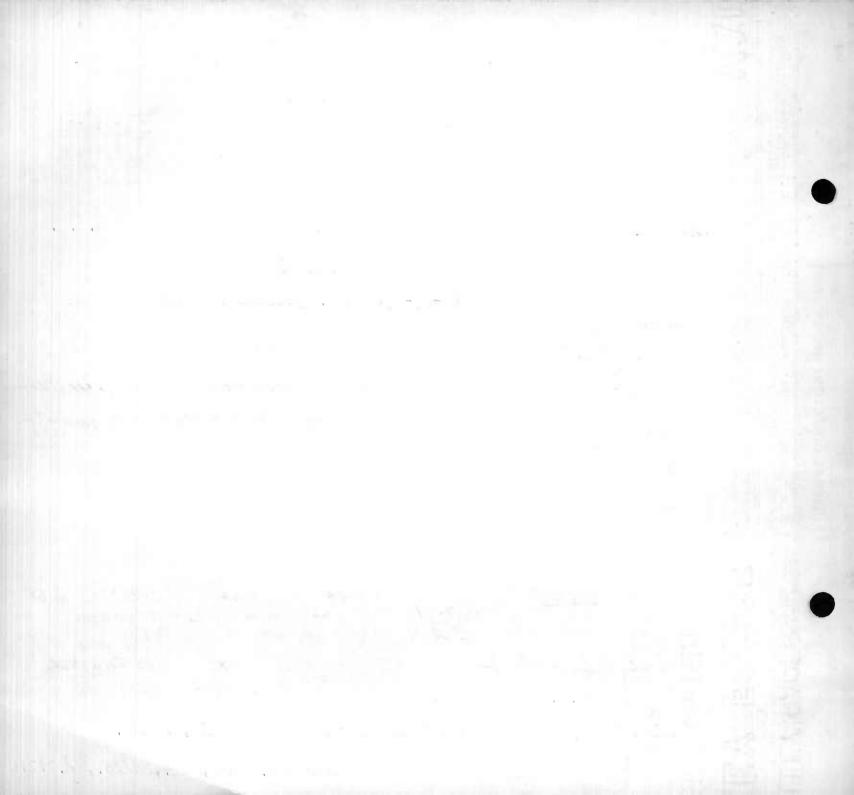
IMPORTANT

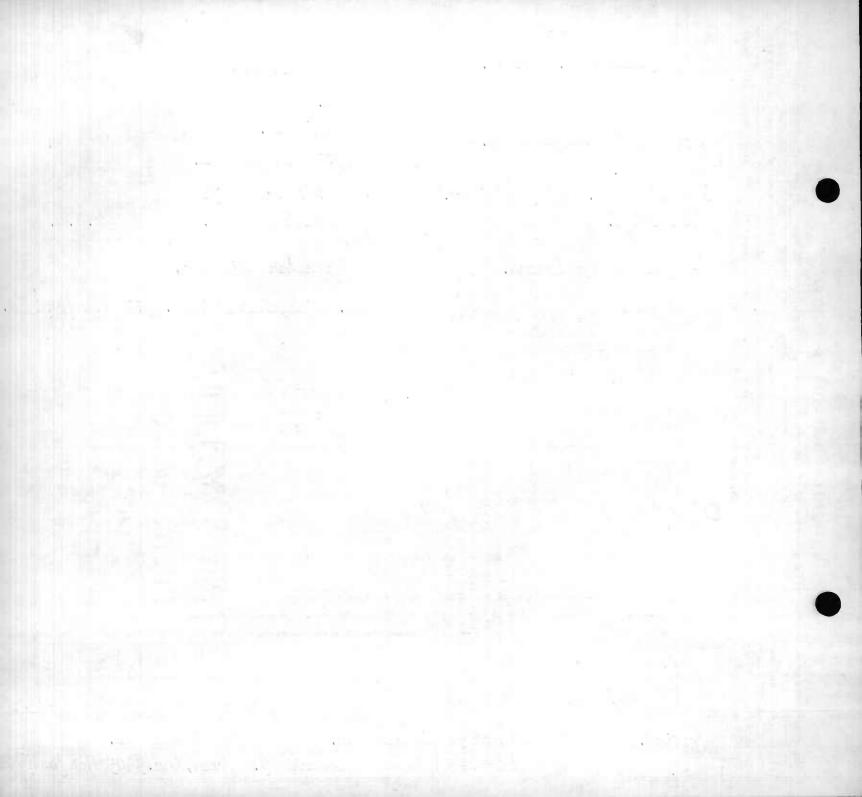
DIRECTOR:

FUNERAL

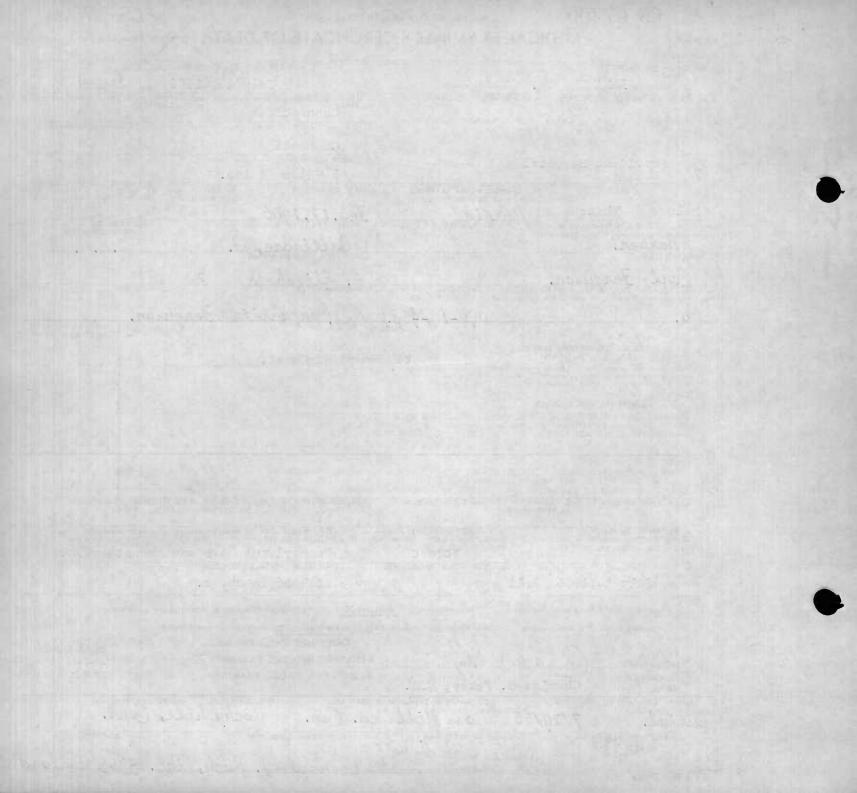
0

VS 150-REV. 1/1/65



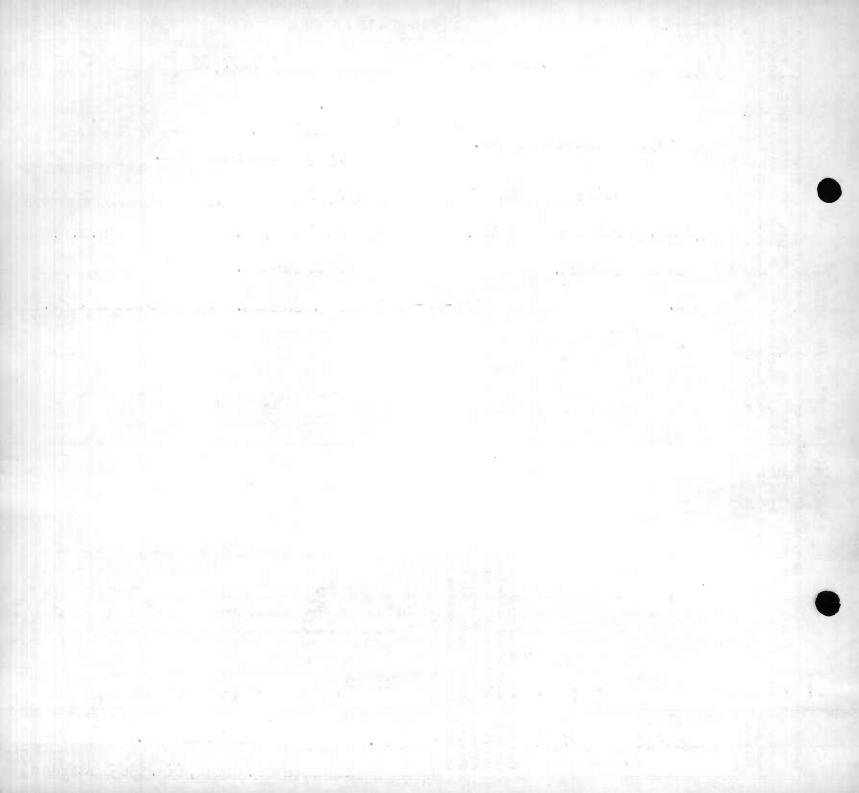


BIRT	H NO.	MEDI	ICAL EXAMINER'S CI	ERTIFICATE OF DEATH Registered No.				
-	CASE NO.							
1. N (Typ	e or Print)	EASED		2. DATE AND HOUR PRONOUNCED DEAD				
			V. FERGUSON	July 14, 1966 3:30 A M.				
3. P	LACE IN BALTI	MORE, MARYLAND, WI	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. Il institution: residence before odmission. A. STATE B. COUNTY				
				A. STATE Connecticut				
HO	PITAL OR	ADDRESS OR LOCA	ATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
				Cromwell				
20	Prov	vident Hospit	al	D. STREET ADDRESS (If rurol, give locotion)				
	1			7 Wildwood Ave.				
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8 WIDOWED, DIVORCED(specify)		7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs Months, Doys, Hours, Min.					
Male White Mannied			Mannied	706.17.1906 60				
			TOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
done	Barb	orking life, even if retired)		Rollimone Md 115A				
13. F	ATHER'S NAM			14. MOTHER'S MAIDEN NAME				
	Carl	Ferauson.		A 81: - b + 1 2				
		EVER IN U.S. ARMED		17. INFORMANT ADDRESS				
(Yes	, no or unknown)	(If yes, give wor or dote	es of service) SECURITY NO.	7				
	No.		0119-11146811	Mrs Marquerite terguson.				
	18.	2 1	// / CAUSE	OF DEATH ONSET AND DEATH				
	DISEAS	E OR CONDITION DI						
	(This does n	LEADING TO DEATH of mean the mode of	(A) Stab	Wound of Chest.				
	heart foilure,	osthenio, etc. It meons	the disease, death.)					
		NTECENDENT CAUSE						
	RISE TO THE	OR CONDITIONS, IF A	ANY, GIVING DUE TO TATING THE					
7	UNDERLYIN	G CONDITION LAST.	(C)					
ERTIFICATION		И						
ΙŽ		IFICANT CONDITIONS						
F		DEATH BUT NOT REL						
ERT	19A. DATE OF	OPERATION 198. CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED				
Ū)	WAS PERI	FORMED	Yes IN CERTIFYING CAUSES OF DEATH? Yes				
×		CAUSE WAS	21B. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID (If in Baltimore City, give exact location)				
	UNDERLYING DE CAU		home, form, foctory, street, c					
5	21D TIME	(Month) (Doy) (Yeor	r) (Hour) 21E. INJURY OCCURRED	Pennsylvania Ave and Presstman St.				
	OF INJURY			while stabbed in chest.				
	22.	11y 14,1700	3:11 a WHILE AT NOT AT W	ORK X SCADDER III CITEST.				
		ify that I held an li	nquiry Inspection Aut	topsy and that an this basis, death in my opinian				
	result	ed fram: Natural cas	uses Accident Suicid	e Hamicide X Undetermined manner				
			/)	CHIEF MEDICAL EXAMINER				
	ACTUAL	11 / 1	2.6.)	ASSISTANT MEDICAL EXAMINER X				
	SIGNAT		M.D.	ASSOCIATE MEDICAL EXAMINER 7/14/66				
	EXAMIN NAME (les S. Petty, M.D.	ASSOCIATE MEDICAL EXAMINER				
	BURIAL CRE	AATION, 23B. DATE	23C. NAME of CEMETERY of	CREMATORY 23D. LOCATION (City, town, or county) (Stote)				
11 /	Surial.	7/20	166 Rose Hill M	Iem. Cem. Rocky hill, Nonn.				
		BY HEALTH DEPT.	24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS				
		111 7 0 6000	Pleat E. Farkey MA					
			Joseph L. Consenting	Leonard J. Ruck, inc. 5305 Harford				
VS	151-REV. 1/1/	55 30/		Leonard J. Many See J. J. J. Many				

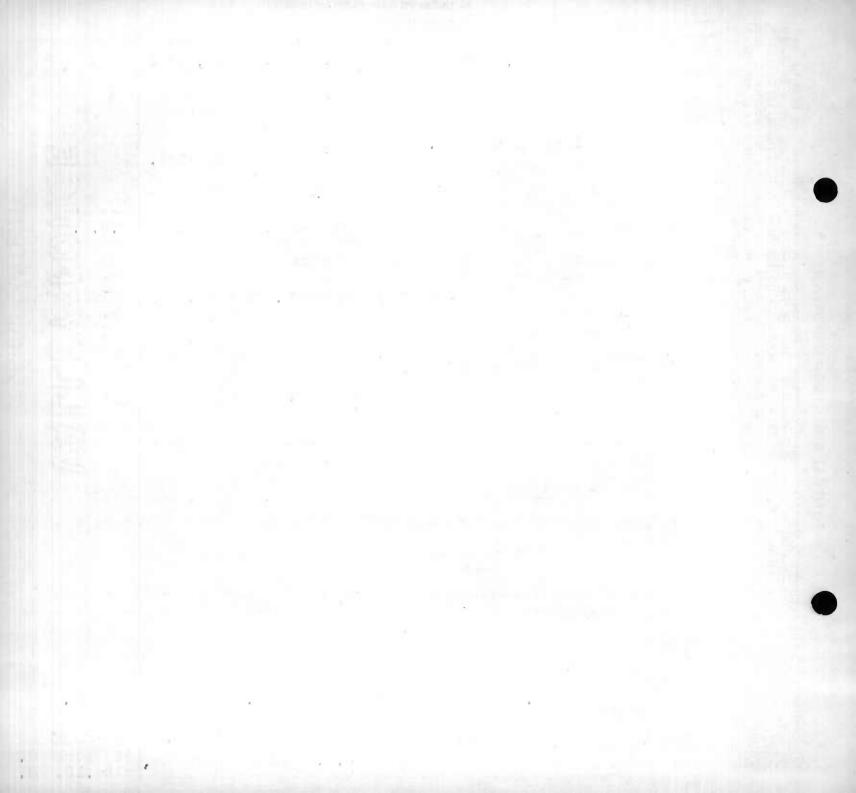


IMPORTANT

FUNERAL DIRECTOR:



Type or Print)		~		2. !	DATE AND HOUR OF DEATH	Cont
	ROSE DEATH IN BALTIMORE, MA	S.	DeMarco	A HEHAL RECEPTA	July 15, 196	06 / a.
FULL NAME HOSPITAL O	OF (If not in hospital	or institution,	, give street	Maryla	B. COUNTY	
00	6026 L och	Raver	n Blvd.	Baltime D. STREET ADDRESS	S (If rurol, give location)	7-38
. SEX	6. RACE	TY AAADBIES	D, NEVER MARRIED	8, DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24
F	W	Woodlw	ED, DIVORCED (specify) Ldowed DE BUSINESS OR INDUSTRY	1/25/1891	lost birthdov)	Months Doys Hours Mi
House		Own	n Home		re, Maryland	U.S.A.
3. FATHER'S N				14. MOTHER'S MAI	DEN NAME	
Josep	h Wagner			Unknown		
	ed Ever in U, S. Armed For		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS Lan
No				Francis I	D. DeMarco, 31	
18. 4.2	0.01		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DIS	RECTLY	Do		OTIC HEART DISE	
LEADING TO DEATH				FAIRCULE	NO 16 HE 1100 0116	UN MEARS
	nal mean the mode of			- MANAGEM		
heart failur	nal mean the mode of e, asthenia, etc. It means amplication which caused	the disease				
heart failur	e, asthenia, etc. Il means	the disease death.)	e, (B)			
heart failur injury ar c	e, asthenia, etc. Il means amplication which caused	the disease death.)	(B) DUE TO			
heart failur injury ar c DISEASES rise to	e, asthenia, etc. II means amplication which caused ANTECEDENT CAUSES	the disease death.)	(B) DUE TO			
heart failur injury ar c DISEASES rise to	e, aslhenia, elc. II means amplication which caused ANTECEDENT CAUSES OR CONDITIONS, il lhe obove couse (A) NG CONDITION lost.	the disease death.)	(B) DUE TO			
heart failur injury ar c DISEASES rise lo UNDERLYI	e, asthenia, etc. II means amplication which caused ANTECEDENT CAUSES OR CONDITIONS, il the obove couse (A)	any, giving stating the contribution to the co	(8)			
DISEASES rise Io UNDERLYI OTHER SIG	e, asthenia, etc. II means amplication which caused ANTECEDENT CAUSES OR CONDITIONS, it the obove couse (A) NG CONDITION tost. II continued to the conditions of the conditions of the condition causing it is the condition of the condition of the condition causing it is amplicated to the condition of the conditi	the disease death.) any, giving stating the stating the stating the state of the s	G (B) DUE TO G (C) NG THE	20 A. AUTOPSY? (1	res or No) 20B. IF YES, WERE F	FINDINGS CONSIDERED
DISEASES rise lo UNDERLYI OTHER SIG TO THE DISEASE CO 19A. DATE 21A. ACCIT OR CONTR	e, aslhenia, elc. II means amplication which caused ANTECEDENT CAUSES OR CONDITIONS, il lihe obove couse (A) NG CONDITION lost. II wrificant conditions CODEATH BUT NOT RELA OR CONDITION CAUSING IOF OPERATION 198. CON	the disease death.) any, givin stating the contribution for to to the contribution for formed	(B) DUE TO G e (C)	20 A. AUTOPSY? (1	res or No) 20B. IF YES, WERE F	FINDINGS CONSIDERED
DISEASES rise Io UNDERLYI OTHER SIG TO THE DISEASE C 19A. DATE 21A. ACCIT OR CONTR DEATH (no	e, asthenia, etc. II means amplication which caused ANTECEDENT CAUSES OR CONDITIONS, it is the above couse (A) NG CONDITION tost.	the disease death.) any, giving stating the state of the	(B) DUE TO g e (C) NG THE WHICH OPERATION IB. PLACE OF INJURY (e.g., in temper, form, foctory, street, of	20 A. AUTOPSY? () n or obout 21 C. WHER	res or No) 20B. IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?
DISEASES rise Io UNDERLYI OTHER SIG TO THE DISEASE C 19A. DATE 21A. ACCIT OR CONTR DEATH (no	e, asthenia, etc. II means amplication which caused ANTECEDENT CAUSES OR CONDITIONS, it the obove couse (A) NG CONDITION tost. INTELLATE CONDITIONS CAUSING I CONDITION CAUSE OF LIFE CAUSE OF	the disease death.) any, givin, stating the contribution for the contri	(B) DUE TO G G (C) NG THE WHICH OPERATION IB. PLACE OF INJURY (e.g., in the content of the content	20 A. AUTOPSY? () To ol obout 21 C. WHER fice bldg., INJURY O(res or No) 208, IF YES, WERE F IN CERTIFYING CAI E DID (If in Boltimore	FINDINGS CONSIDERED USES OF DEATH?
DISEASES rise lo UN DERLYI OTHER SIG TO THE DISEASE OF 19A. DATE 21A. ACCIT OR CONTR DEATH (no 21D. TIME OF INJURY (APPROX.)	e, asthenia, etc. II means amplication which caused ANTECEDENT CAUSES OR CONDITIONS, il the obove couse (A) NG CONDITION tost. INTERCANT CONDITIONS OF DEATH BUT NOT RELATE CONDITION CAUSING IN CONDITION CAUSING CAUS	the disease death.) any, giving stating the contribution of the c	(B) DUE TO G e (C) NG FINE WHICH OPERATION IB. PLACE OF INJURY (e.g., in the common points) of the common points of the commo	20 A. AUTOPSY? () To ol obout 21 C. WHER fice bldg., INJURY O(Tes or No. 208. IF YES, WERE FIN CERTIFYING CAU E DID (If in Boltimore CCUR?) DID INJURY OCCUR?	FINDINGS CONSIDERED USES OF DEATH? City, give exoct locotion)
DISEASES rise lo UNDERLYI OTHER SIG TO THE DISEASE CO 19A. DATE 21A. ACCIT OR CONTR DEATH (no 21D. TIMEY (APPROX.) 22. I certi	e, asthenia, etc. II means amplication which caused ANTECEDENT CAUSES OR CONDITIONS, it the obove couse (A) NG CONDITION tost. INTERCANT CONDITIONS CAUSING I CONDITIONS CAUSING I CONDITION SEAR CONDITION CAUSING I CONDITION CAUSE OF CONDITION CONDIT	the disease death.) any, giving stating the control of the contro	(B) DUE TO G e (C) NG NG THE WHICH OPERATION IB. PLACE OF INJURY (e.g., in the company of the deceased from	20 A. AUTOPSY? (1) In or obout 21 C. WHER fice bldg., INJURY OC	Tes or No. 208. IF YES, WERE FIN CERTIFYING CALL E DID (If in Boltimore CCUR?) DID INJURY OCCUR?	FINDINGS CONSIDERED JSES OF DEATH? City, give exact location)
DISEASES rise lo UNDERLYI OTHER SIG TO THE DISEASE CO 19A. DATE 21A. ACCIL OR CONTR DEATH (no 21D. TIME OF INJURY (APPROX.) 22. I certi that (I) (w	e, asthenia, etc. II means amplication which caused ANTECEDENT CAUSES OR CONDITIONS, it the obove couse (A) NG CONDITION lost.	the disease death.) any, giving stating the station of the statio	(B) DUE TO G e (C) NG THE WHICH OPERATION IB. PLACE OF INJURY (e.g., in the comment of	20 A. AUTOPSY? (1) The control of th	DID INJURY OCCUR? 19 to ond that in (my) (our) opin	FINDINGS CONSIDERED JSES OF DEATH? City, give exoct locotion)
DISEASES rise lo UNDERLYI OTHER SIG TO THE DISEASE C 19A.DATE OR CONTR DEATH (no 21D.TIME OF INJURY (APPROX.) 22. I certi that (I) (w and hour c	e, asthenia, etc. II means amplication which caused ANTECEDENT CAUSES OR CONDITIONS, it the obove couse (A) NG CONDITION tost.	the disease death.) any, giving stating the station of the statio	(B) DUE TO G e (C) NG NG THE WHICH OPERATION IB. PLACE OF INJURY (e.g., in the company of the deceased from	20 A. AUTOPSY? (1) The control of th	DID INJURY OCCUR? 19 to ond that in (my) (our) opin	FINDINGS CONSIDERED JSES OF DEATH? City, give exact location) 1966 Inlan death occurred on the
DISEASES rise IO UNDERLYI OTHER SIG TO THE DISEASE CO 19A. DATE 21A. ACCIL OR CONTR DEATH (no 21D. TIME OF INJURY (APPROX.) 22. I certi that (I) (w	e, asthenia, etc. II means amplication which caused ANTECEDENT CAUSES OR CONDITIONS, it the obove couse (A) NG CONDITION tost.	the disease death.) any, giving stating the station of the statio	(B) DUE TO G e (C) NG iHE WHICH OPERATION IB. PLACE OF INJURY (e.g., ir one) or of the comme, form, foctory, street, of c.d. E. INJURY OCCURRED While At Not While At Work the deceased from (I) (We) (did) (did not) v	20 A. AUTOPSY? () In on about 21 C. WHER fice bldg., INJURY Of 21 F. HOW e 1966 iew the body ofter	Tes or No) 208. IF YES, WERE FIN CERTIFYING CALL E DID (If in Boltimore CCUR? DID INJURY OCCUR? 19 6 to 0000000000000000000000000000000000	FINDINGS CONSIDERED JSES OF DEATH? City, give exact location) 1966 1238. DATE SIGNED
DISEASES rise Io UN DERLYI OTHER SIG TO THE DISEASE C 19A. DATE 21A. ACCIT OR CONTR DEATH (no 21D. TIME OF INJURY (APPROX.) 22. I certi that (I) (w and hour c 23A. SIGNA	e, asthenia, etc. II means amplication which caused ANTECEDENT CAUSES OR CONDITIONS, it the obove couse (A) NG CONDITION lost. INTECANT CONDITIONS CAUSING I CONDITIONS CAUSING I CONDITION CAUSE OF CONDITION	the disease death.) any, giving stating the station of the statio	(B) DUE TO G e (C) NG ONG ONG ONG ONG ONG ONG ONG ONG ONG	20 A. AUTOPSY? () In oil obout 21 C. WHER frice bldg., INJURY Of 21 F. HOW e 1966 item the body ofter anding Med. Direc	Tes or No) 208. IF YES, WERE FIN CERTIFYING CAI E DID III III Boltimore CCUR? DID INJURY OCCUR? 19 6 to	FINDINGS CONSIDERED JSES OF DEATH? City, give exact location) 1966 Inlan death occurred on the
NOTHER SIGNATE DISEASE CONTROLLED TO THE DISEASE CONTROLLED TO THE DISEASE CONTROLLED TO R CONTROLLED TO R CONTROLLED TO R CONTROLLED TO RESEASE CONTROLLE	e, asthenia, etc. II means amplication which caused ANTECEDENT CAUSES OR CONDITIONS, it the obove couse (A) NG CONDITION to the obove couse (A) NG CONDITION TO THE ASTRONOMY OF OPERATION 198. CONDITION CAUSING TO THE ASTRONOMY OF OPERATION 198. CONDITION CAUSING TO THE OPERATION (Month) (Doy) (Yeot) Type) Type CIAN'S (Type)	the disease death.) any, giving stating the control of the contro	B. DUE TO G. (C) NG OHE WHICH OPERATION B. PLACE OF INJURY (e.g., in the deceased from the decease	20 A. AUTOPSY? (1) In oil obout 21 C. WHER fice bldg., INJURY Of 21 F. HOW a 1966 liew the body ofter canding Med. 5.	Tes or No. 20B. IF YES, WERE PIN CERTIFYING CAU E DID (If in Boltimore CCUR? DID INJURY OCCUR? 19 to	PINDINGS CONSIDERED JSES OF DEATH? City, give exoct locotion) 1966 Plan deoth occurred on the 238, DATE SIGNED 7/15/1966
NOOLE NAME NOOLE	e, asthenia, etc. II means amplication which caused ANTECEDENT CAUSES OR CONDITIONS, it the obove couse (A) NG CONDITION to the obove couse (A) NG CONDITION to the condition of the condition causing to the condition cause of the condition (Month) (Doy) (Yeor) The condition cause of the condition of the c	the disease death.) any, giving stating the stating the disease death.) CONTRIBUTION FOR FORMED (Hour) 21 (Hour) 21 (Hour) 21 (Hour) 21 The stating the stating the disease death and stating the stating t	(I) (We) (did) (did-not) v (B) DUE TO (B) DUE TO (C) (C) (B) (C) (C) (B) (C) (C) (D) (E) WHICH OPERATION (I) WHICH OPERATION (I) We) (did) (did-not) v (I) (We) (did) (did-not) v (I) (Attention of the content of the cont	20 A. AUTOPSY? (No property) (DID INJURY OCCUR? 19 to ond that in (my) (our) opin deoth. Pkwy & Loch F	City, give exact location) 1966 1238. Date signed 7/15/1966 Raven Blvd.
NOOLY OTHER SIGNATE	e, asthenia, etc. II means amplication which caused ANTECEDENT CAUSES OR CONDITIONS, it the obove couse (A) NG CONDITION to the obove couse (A) NG CONDITION TO THE ARCONDITION TO THE ARCONDITION CAUSING TO THE ARCONDITION CAUSE OF THE ARCONDITION CAUSE OF THE ARCONDITION CAUSE OF THE ARCONDITION CAUSE OF THE ARCONDITION CAUSING TO THE ARCONDITION CAUSE OF THE ARCONDITION CAUSING TO THE ARCONDITIO	the disease death.) any, giving stating the stating the disease death.) CONTRIBUTION FOR FORMED (Hour) 21 (Hour) 21 (Hour) 21 (Hour) 21 The stating the stating the disease death and stating the stating t	B. DUE TO G. (C) NG OHE WHICH OPERATION B. PLACE OF INJURY (e.g., in the deceased from the decease	20 A. AUTOPSY? (No property) (DID INJURY OCCUR? 19 to ond that in (my) (our) opin deoth. Pkwy & Loch F	PINDINGS CONSIDERED JSES OF DEATH? City, give exact location) 1966 Plan death occurred on the 238. DATE SIGNED 7/15/1966



IMPORTANT

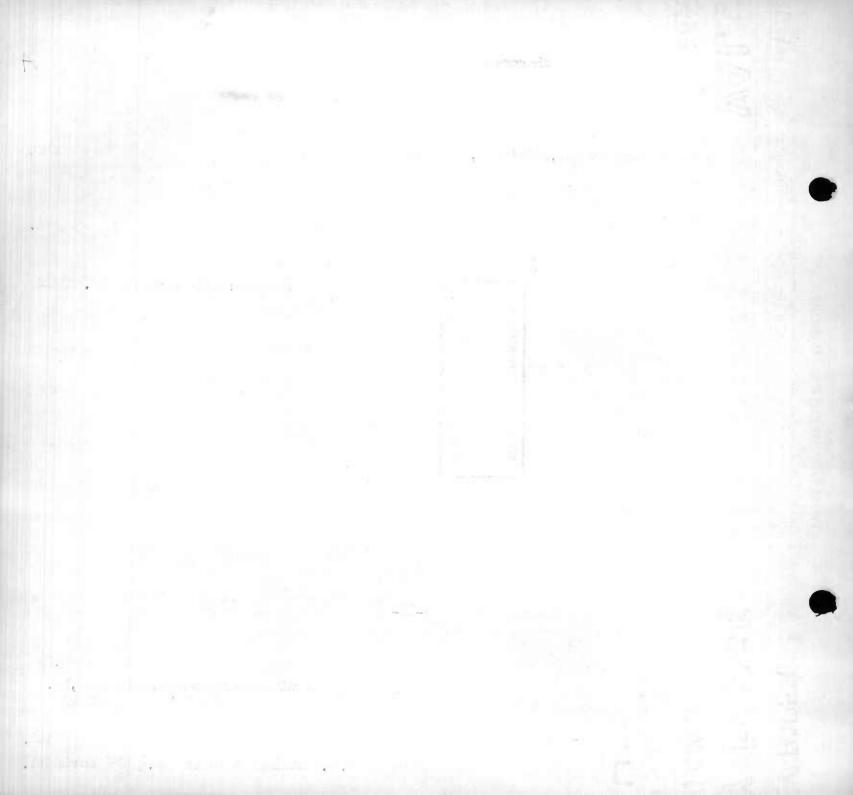
DIRECTOR:

FUNERAL

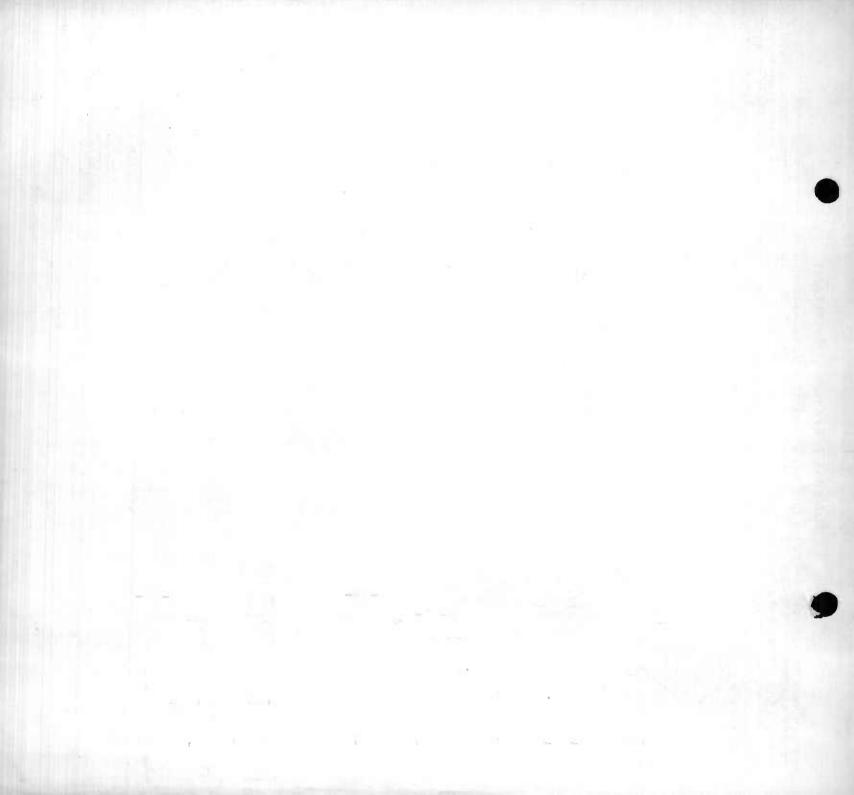
VS 150-REV. 1/1/65

Letter from Diane Gohen. Med. RecD-ept. UMH--7/29/66

<- <



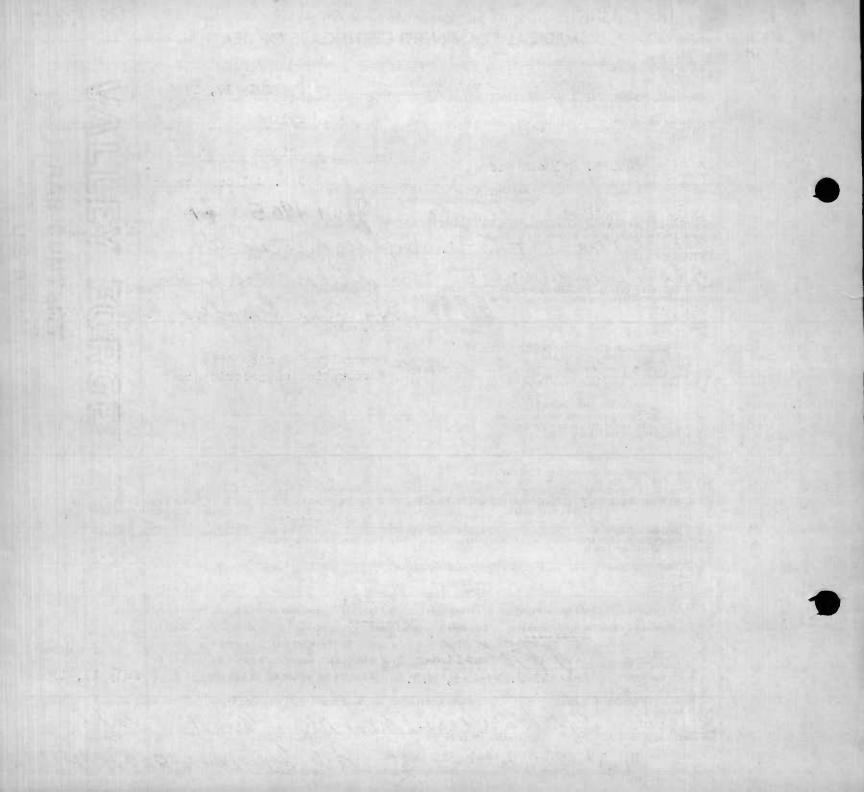
1/	BALTIMORE CIT	Y HEALTH DEPARTMEN	IT	66 07305
HRTH NO.66-1510366 U7305	CERTIFICA	ATE OF DEAT	H Registered No.	1.500
A.E. CASE NO.	2 1 0	7 2. DA	TE AND HOUR OF DEATH	111
Type or Print) (ARTER, 15	AbV Gi	R/ 1	7-14-66	645
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE A. STATE B.	(Where deceased lived. If ins	titution; residence before admissio
FULL NAME OF (If not in hospital or institution, goddress or location) INSTITUTION	ive street	MAR VI	(If outside city limits, write RI	UNE HRUND
3.2	1	D. STREET ADDRESS	(If rurol, give location)	5 52-00
JOHNS HOPKINS	YOSPITAL	KOUTE	1, Box	327-4
FEMALE NEGRO WIDOWED	NEVER MARRIED , DIVORCED (specify)	7-14-66	93 AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min
OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF lone during most of working life, even if retired)	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
2 CATUENC MAAR		MARYLAN) D	
3. FATHERS NAME		14. MOTHER'S MAIDER	NAME	0
GEORGE WORS	SLUY	BREWI	DA LEE	(ARTES
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS
1B. — (CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	P	no make.		
(This does not mean the made of dying, e.g.,	DUE TO	cempianory	,	
heart failure, asthenia, etc. It means the disease, injury as camplication which coused deoth.)		nemotion of		
ANTECEDENT CAUSES	(B) H	4poxiA	^^000^^ 6^00000000000000000000000000000	***************************************
DISEASES OR CONDITIONS, if any, giving	DOE 10			
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)			
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISSASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1218.				
19A. DATE OF OPERATION 19B. CONDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes	or No. 20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B.	PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE C	ID (If in Boltimore	City, give exact location)
	e, form, foctory, street,	office bldg., INJURY OCC	JR?	-tif, give exect to conour
U	INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?	
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. OF INJURY (APPROX.) 7 14 66 6 7 Whit		ile 🗀	7 1110K1 0000K.	
		7-14-66		11. ((
22. 1 certify that (I) (this hospital) attended th	e deceased fram!			14-66
that (I) (we) last saw the deceased alive on				ian death accurred an the d
and haur and fram the causes stated above. (1)	(We) (did) (did nat)	view the bady after de		
23A. SIGNATURE	M.D. A	tending Med.	Stoff	23 B. DATE SIGNED
James & He	Cen Ph	ys. Director	Phys. 2	7/14/66
23C. PHYSICIAN'S NAME (Type) James L. Allen		23D. ADDRESS		
	M.D	JOHNS HOPE	CINS HOSPITAL	
REMOVAL (Specify) 248, DATE 24C. NA	ME of CEMETERY OF C	REMATORY 2	4D. LOCATION (City	, town, or county) (State
	NS HOPKINS	HOSPITAL	BALTIMORE, MA	RYLAND
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME O	E REGISTRAR	25C. FUNERAL DIR		ADDRESS
JOL I 1900 (Polente)	E, Javbey MA	- 12 CA		
100 BCV 1/1/40				

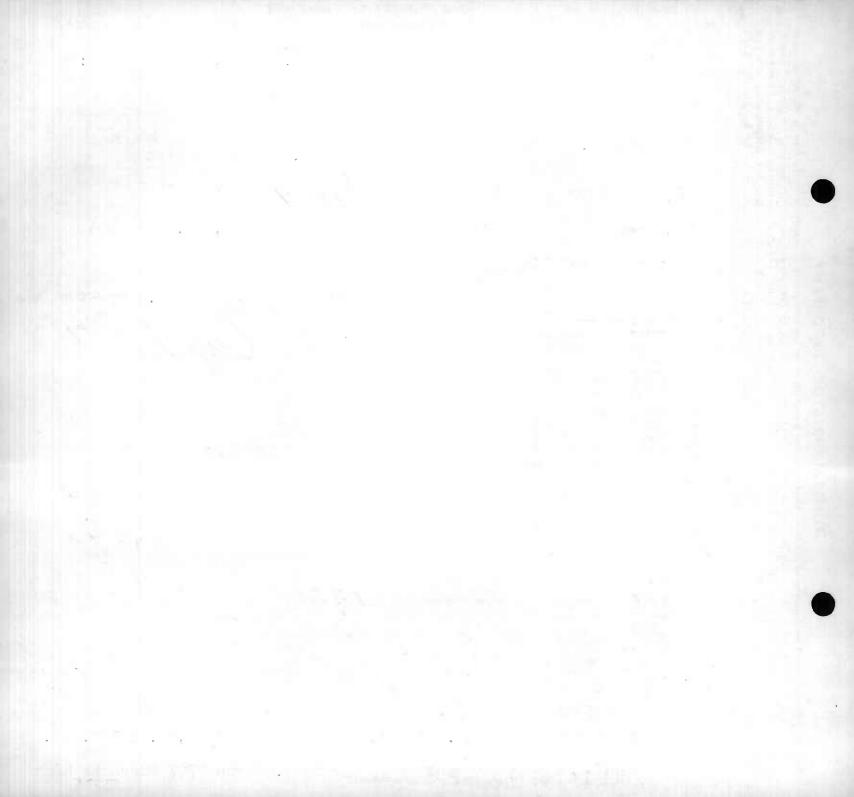


BIRTH NO.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
FRANK TALBERT	July 17, 1966 7:07 A.M. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
3, PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
	Maryland C. CITY OR TOWN (If outside corporate limits, water RURAL and give township)
403 N. Calhoun Street	D. STREET ADDRESS (If ruro), give location)
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 1	3. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs.
Male Colored WIDOWED, DIVORCED (specify) Male Colored WIDOWED, DIVORCED (specify) 10A. USUAL OCCUPATION (Give kind of work) 08. KIND OF BUSINESS OR INDUSTRY)	January Joseph Country 12. CITIZEN OF
dangelying most of working life, even if retired)	Cleanistan La. WHAT COUNTRY?
Thomas Talbert	Lella Howhiis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
IB. CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	pmomolined Danitariti
(A)	eneralized Peritonitis erforation of gastric ulcer
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. Date of Operation 198. CONDITION FOR WHICH OPERATION	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
UING CAUSE OF DEATH.	or about 21C. WHERE DID (If in Baltimare City, give exact location)
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT W. WORK AT WORK	Z1F. HOW DID INJURY OCCUR?
22. I certify that I held an Inquiry Inspection Auto	tial_{X} and that an this basis, death in my apinian
resulted fram: Natural causes X Accident Suicide	
ACTUAL SIGNATURE M.D.	CHIEF MEDICAL EXAMINER X DATE SIGNED ASSISTANT MEDICAL EXAMINER
	ASSOCIATE MEDICAL EXAMINER July 17, 1966
23A. BURIAL CREMATION, 23B. DATE 23C. NAME OF CEMETERY OF REMOVAL (Specify) 124A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	em Pk. Lucel nd
JUL 19 1966 Relief & Farbertia	24C. FUNERAL DIRECTOR ADDRESS
	Vari Stilmore, 1927/Villoren La





 $M_{\rm be} = 71.1^{\circ}$

motor 174

Bayer Sen M. Berras J. Se. J. J. J. J.

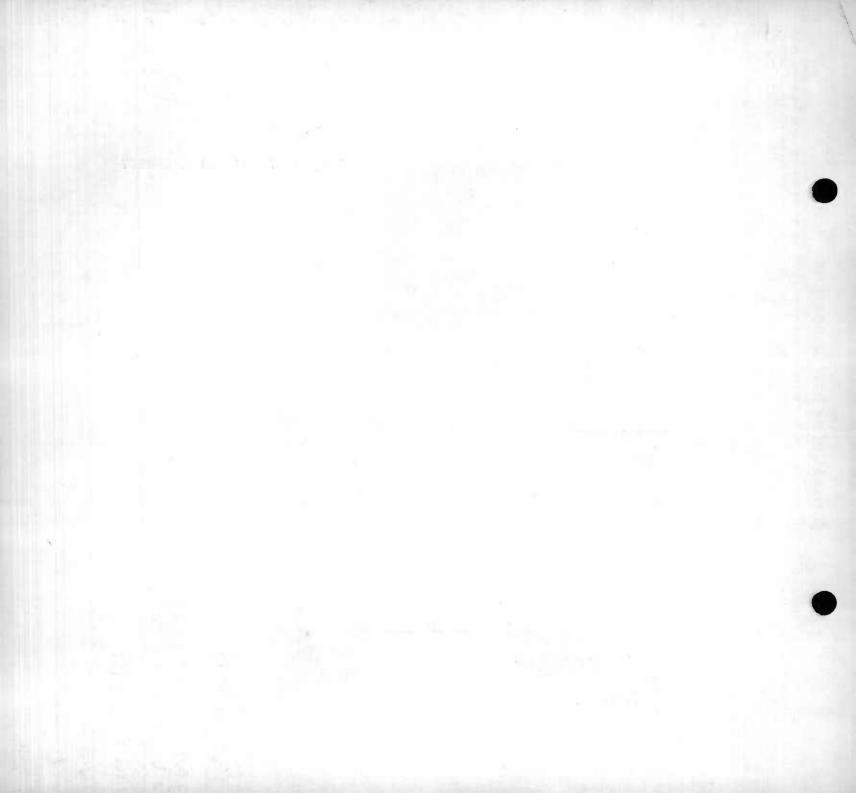
February James

VS 150-REV. 1/1/65

Eq. (4-10- cr.

65-14335	BALTIMORE CIT	Y HEALTH DEPARTMENT		66 073
BIKIH NO. OT OLO	CERTIFICA	TE OF DEATH	Registered Na	00 073
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE A	ND HOUR OF DEATH	
(Type or Print) Edmonds, Bal	L. La.	7/11	0/66	112:10
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	<u>by</u> <u>boy</u>	4. USUAL RESIDENCE (Wh	ere deceased lived, If ins	
	O	A. STATE B. COU	NTY	
FULL NAME OF (If not in hospital ar institution address or location)	n, give street	MARYLAND	NA	
INSTITUTION	HACOITAL	C. CITY OR TOWN (If or	utside city limits, write R	URAS and give township
JOHNS HOPKINS	MOPHIAL	BALTIMORE	IUIA	8-01
33		D. STREET ADDRESS	frural, give lacation)	,
		1203 NORTH	CAROLINE ST	REET
	ED, NEVER MARRIED VED, DIMORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Un Months Days Hours
kt V	NIA	7/10/100		4
10A. USUAL OCCUPATION (Give kind of work 10B. KIND	OF BUSINESS OR INDUSTRY		eign country)	12. CITIZEN OF
done during most of working life, even if retired)	NA	MARYLANG)	WHAT COUNTRY?
13. FATHER'S NAME	יעויי	14. MOTHER'S MAIDEN NA		07
UNKNOWN		Edmon	ds Delo	res
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT)	ADDRESS
(Yes, no ar unknown) (If yes, give war ar dates of service	SECURITY NO.	Im 1-0		
	0.44402	MOTHER		101777777
18. 7.76×1	CAUSE	OF DEATH		ONSET AND
DISEASE OR CONDITION DIRECTLY		DEMAN	ermy ?	
LEADING TO DEATH (This does not meen the made of dying, e.	(Al	REMATURI	17	
heart failure, osthenia, etc. It means the diseas				
injury or complication which coused death.)				
ANTECEDENT CAUSES	(B)	······································	n one one one onnoce one concess of concess con	
DISEASES OR CONDITIONS, if any, givin	ng			
rise to the above cause (A) stating II UNDERLYING CONDITION lost.	he (C)	0.000.0	0.0000000	
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING			
TO THE DEATH BUT NOT RELATED TO	THE			
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 12	R WHICH OPERATION	20 A. AUTOPSY? (Yes or N	O 208 IF YES WERE E	INDINGS CONSIDERED
WAS PERFORMED			IN CERTIFYING CAL	INDINGS CONSIDERED
21 A. ACCIDENT WAS UNDERLYING	TR. PLACE OF INITIBY FO. O.	in or about 21 C. WHERE DID	(If in Rolliman	City, give exact location
OR CONTRIBUTION CALLER OF	home, form, factory, street, a	office bldg., INJURY OCCUR?	tii iii voiiinore	ony, give exact idealar
U	etc.)			
OF INJURY (Month) (Doy) (Year) (Hour) 2	TE. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
	While At Work At Work			
			10/10 5	110
22. 1 certify that (3) (this haspitol) attended	1			
that (t) (we) last sow the deceased alive as		19 (00 ond t	hat In(my) (out) opin	ion death accurred a
and haur and fram the couses stated above.	. (1) (Me) (did (did not)	view the body after death.		
23A. SIGNATURE				238. DATE SIGNED
Harrison H	M.D. AH	ending Med.	Stoff	7/10/66
23C PHYSICIANS	Ph	23D. ADDRESS	Phys.	110/00
23C. PHYSICIAN'S NAME (Type)		11	11	
J.M. Whitwart	h M.D.	Sohns Hop	cins Hospi	hal
24A. BURIAL GREMATION, 24B. DATE 24C.	NAME OF CEMETERY OF C	EMATORY 24D.	LOCATION (Cit	y, town, or countyl
REMOVAL (Specify)	J.H. Wasse	200 1	500	0 100.
25A, DATE REC'D BY HEALTH DEPT. 25B, NAM		0		dudy
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	E OF REGISTRAR	25C. FUNERAL DIRECTO	E N	ADDRESS
JUL 19 1966 Robert &	" down"		word	DISCOUND OTH
/S 150-REV. 1/1/65			,	1

FUNERAL DIRECTOR: IMPORTANT



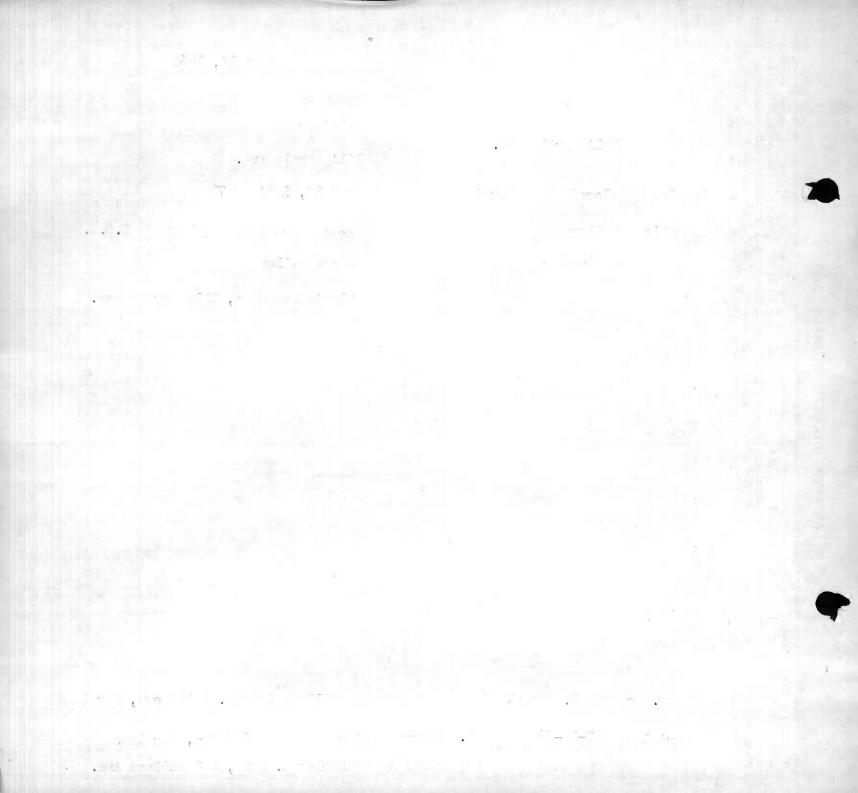
		U	O	U	1	0]
BIRTH N	0.						

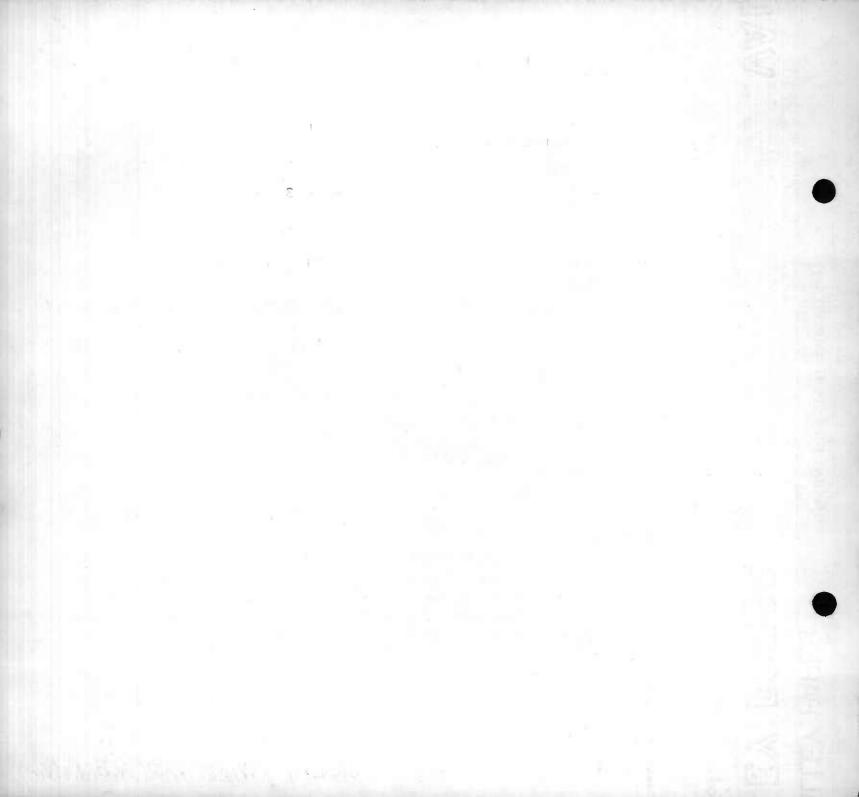
MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	Registered No.

BIR	H NO.		WEDI	CALE	AMIINER 3 CI	CKIIFIC	ATE OF L	EAIL Kegist	ered No	
	CASE NO.		11111							
	NAME OF DEC	EASED						HOUR PRONOUND		
			HATT		AE CARTER		Ju1	y 16, 1966		11:10 P _M .
3. 1	LACE IN BALTI	MORE, MARY	LAND, W	HERE PRONO	JNCED DEAD	4. USUAL R	ESIDENCE (Where d	eceosed lived. If ins	stitution: resi	dence before odmission)
FU	L NAME OF	(IF NOT I	N HOSPITA	AL OR INSTITU	JTION, GIVE STREET		Marvland			
HC	SPITAL OR	ADDRESS	OR LOCA	(TION)		C. CITY OR	TOWN (If outside	corporate limits, wri	te RURAL o	nd give township)
							Baltimore	15-	17	
-	33	3906	Park	Height	s Avenue		ADDRESS (If rurol,	give location)		
0	164						3906 Park	Heights A	venue	
5. 5	EX	6. RACE			NEVER MARRIED DIVORCED (specify)	B. DATE OF	BIRTH	9. AGE (In years	If Unde	Doys Hours Min.
	Female	Color	ed.		ried	Sept	21.1931	34		
	USUAL OCCU	PATION (Give	kind of work		BUSINESS OR INDUSTRY				12. CITIZ	
don	during most of w		audi -			D-1	Himana W	be of twe		S. A.
13.	ATHER'S NAM		Wife			14. MOTHER	Ltimore, M	arytanu	0.	Ue Ae
		70 1					renne - T1			
15.	WAS DECEASED		Gaine		16. SOCIAL	17. INFORMA	Lillie Loc	KS .	ADDRESS	
	, no or unknown)			s of service)	SECURITY NO.					
	No				15-36-6156	Mrs.	Lizzie Bur	ton, 664 C	okesbu	rry
	1B.	9			CAUSE	OF DEATH				INTERVAL BETWEEN ONSET AND DEATH
	DISFAS	E OR COND	STION DI	DECTI Y						ONSET AND DEATH
		LEADING T	O DEATH		(A) Ac	ute pve	lonephriti	S		
	(This does n heart failure,	of meon the osthenio, etc.	mode of	dying, e.g., the disease, death.)	DUE TO	n. n. v	M.S. P. S. P. S. M. M. M. M. M.			∞ ≈ ≈ ≈ ≈ ≈ ≈ ≈ ≈ ≈ ≈ ≈ ≈ ≈ ≈ ≈ ≈ ≈ ≈ ≈
	injury or com	plication which	ch coused	deoth.)					V 1974	
	А	NTECENDEN	IT CAUSE	S					1.00	
	DISEASES C	OR CONDITIO	ONS, IF A	NY, GIVING	(B)	***************************************		••		• • • • • • • • • • • • • • • • • • • •
		G CONDITION		TATING THE						
Z					(C)	***************************************	•••••••	•••••••		•••••••••••••••
E		11	44.5-		100 100 100	41774				
S				CONTRIBUTI						
쁘		CONDITION								•••••••
CERTIFICATION	19A. DATE OF	OPERATION	198. CON		WHICH OPERATION	20A. AUTO		OB. IF YES, WERE P		
_	1						es			
₹ O	UNDERLYING			21 B.	PLACE OF INJURY (e.g., form, foctory, street, c	in or obout 21	C. WHERE DID (I	f in Boltimore City,	give exoct le	ocation)
MEDIC	UTING CAUS			etc.)						
Σ	21 D TIME	(Month) (D	loy) (Yeor	r) (Hour) 2	TE. INJURY OCCURRED	21	F. HOW DID INJU	RY OCCUR?		
	OF INJURY (APPROX.)				WHILE AT NOT	WHILE				
	22,			m. Y	WORK LAT W	ORK L				
		ify that I he	id on 1	nquiry 🗌	Inspection Aut	opsy	and that on this	basis, death in	my opinla	n
	result	ed from: No	oturol car	uses X	Accident Suicid	e Ho	micide U	ndetermined mon	ner	
			10	//	1		F MEDICAL EX			
	ACTUAL		X	n	1					DATE SIGNED
	SIGNATI		11 01	11 100			T MEDICAL EX		J	uly 17, 1966
	EXAMIN NAME (1	ER'S R 'ype)	Russel	1 S. Fi	sher, M.D.	ASSOCIAT	E MEDICAL EX	AMINER		a_y,
	BURIAL CREA	AATION, 238	B. DATE		C. NAME OF CEMETERY	CREMATOR	Y 23D. LC	CATION (Cit	y, town, or	county) (Stote)
	Burial		7-20-	-66	Mt. Auburn C	emetery	7 Ba	Ltimore, Ma	arvlan	A
24	DATE REC'D	BY HEALTH	PEPTOCO	248 NAME	OF REGISTRAR		NERAL DIRECTOR		,	ADDRESS
24		JULALT !	9 1966	248 NAME			NERAL DIRECTOR	aw, 802 Mad		ADDRESS

n as the Make make the state of the same of AND THE SECOND S Sh when there, say, say the trong to be

	ORE CITY HEALTH DEPARTMENT	66 07312
BIRTH NO. 66 U7312 CERT	IFICATE OF DEATH Registered No.	00 07016
M.E. CASE NO.		
I.NAME OF DECEASED Type or Print)	2. DATE AND HOUR OF DEATH	
EMMITT SAUNDERS	July 14, 1966 [4. USUAL RESIDENCE (Where deceased lived. If i	9 4.
PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If i	nstitution: residence before admiss
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	Maryland c. city or fown (If outside city limits mile Baltimore	RURAL and give tawnship)
1214 Myrtle Ave.	D. STREET ADDRESS (If rurol, give lacotion) 1214 Myrtle Ave.	-
S. SEX 6. RACE 7. MARRIED, NEVER MARRIE		If Under 1 Yr. If Under 24
WIDOWED, DIVORCED (sp	pecify) last birthday)	If Under 1 Yr. If Under 24 Manths Days Haurs Mir
Female Colored Married	March 15, 1894 72	
10A, USUAL OCCUPATION (Give kind of wark 10B, KIND OF BUSINESS OR I	NDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	0 11 0 21	
Retired Tailor	South Carolina	U.S.A.
STATISTS HAME		
Ned Saunders	Rosa Bailey	
5. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL	17. INFORMANT	ADDRESS
Yes, no ar unknown) (II yes, give war ar dates of service) SECURITY N	vo.	
No	Valerie Saunders, 1214 M	/rtle Ave.
18.	CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	C	ONSET AND DEATH
LEADING TO DEATH	Cerebal Idra has	5 who
(This does not mean the mode of dying, e.g., DU	E TO	
heart failure, asthenia, etc. It means the disease,	Could Thomboons E 10 Could atemscleroses	
injury or complication which caused death.)	Control artemasler	Unk
ANTECEDENT CAUSES (B)		
20	E TO	
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoling the (C)		
UNDERLYING CONDITION last.	Ones and 3n 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	yputersion	1 2.
198. CONDITION FOR WHICH OPERAN	ON 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
O 21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJU	URY (e.g., in ar about 21C. WHERE DID (If in Baltimo street, affice bldg., INJURY OCCUR?	re City, give exoct location)
D 21D. TIME (Manth) (Day) (Year) (Haur) 21E INJURY OCCU	RRED 21F. HOW DID INJURY OCCUR?	, , , , , , , , , , , , , , , , , , , ,
S OF INJURY	Not While	
(APPROX.)	At Work	
22. I certify that (I) (this hospital) attended the deceased fr	rom June 23 1966 to	July 14 19 40
0.0		
that (I) (we) lost sow the deceased alive on	9 19 66 ond that in (my) (our) op	inion geom occurred on the
and hour and from the causes stated above. (1) (We) (did) (d	lid not) view the body ofter deoth.	
23A. SIGNATURE		23 B. DATE SIGNED,
bo 31	M.D. Allending Med. Staff	2/10/11
Polend I man	Phys. Director Phys.	1/18/66
23C.PHYSICIAN'S	23D. ADDRESS	
NAME (Type)	M.D. 3817 Conley Rd Rollin	Many Jand
Dr. Roland T. Smooth	Jory cobies in partiti	
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETE REMOVAL (Specify)	RY OF CREMATORY 24D. LOCATION (C	ity, town, or county) (Stat
7 20 66 344 6-1-	ma Cometamo	
	rn Cemetery Baltimore, Ma	aryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
1111 19 1969 DO BO TO	Charles R. Law , 802 Mad	dison Ave.
	The same of the sa	





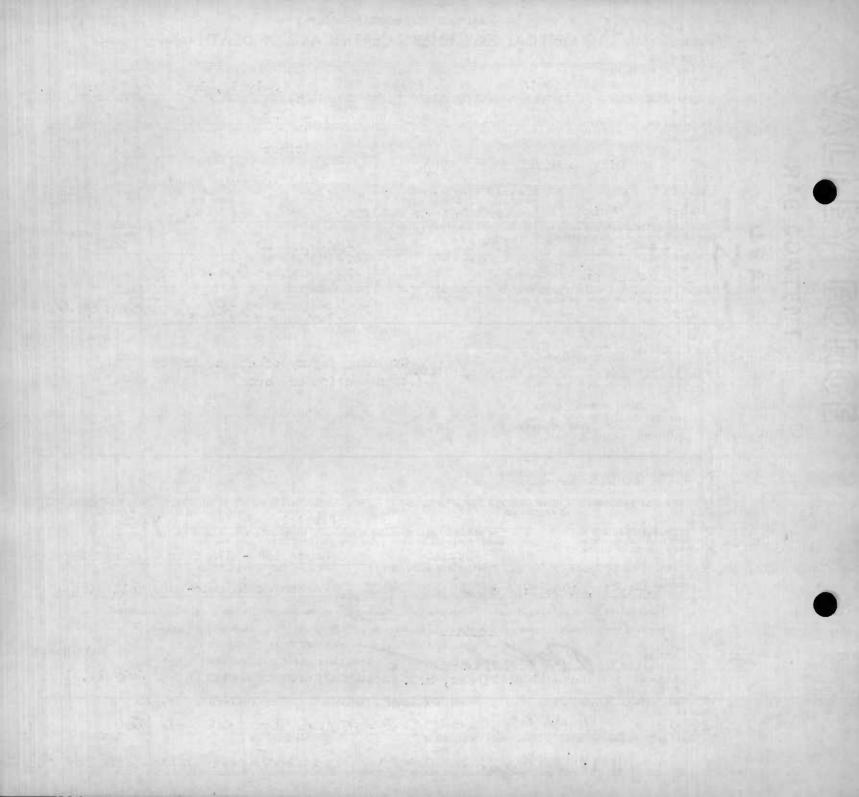
G - 620 BIRTH NO M.E. CA

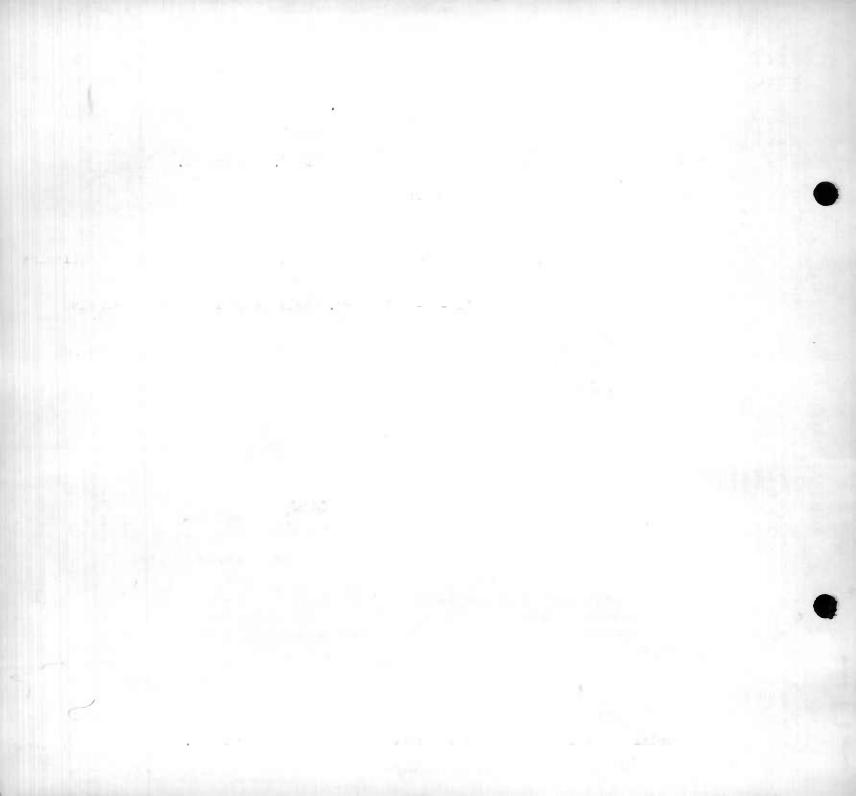
DALIMORE CITTURE THE PROPERTY OF THE PROPERTY

BIRT	H NO.	MEDI	CALE	KAMINER'S C	ERTIFICATE OF L	EAIH Register	ed No
	L CASE NO.						
1. I (Ty)	De or Print)	EASED		1		HOUR PRONOUNCE	
			SEPH	A. GARCIA	7-16-		6:15 A. M.
3. P	LACE IN BALT	IMORE MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE	B. COUI	tution: residence before odmission) NTY
FUI	L NAME OF			UTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside	cornerate limits write	RIPAL and give township)
INS	SPITAL OR	ADDRESS OR LOCA	TION)		C. Citi Ok 10 WI W Obiside	corporote minta, mine	no tarte one gree to windings
3	3/	** ************************************	TOTOLT	DOA	Baltimore D. STREET ADDRESS (If rurol,		
2	JOH	N HOPKINS HOS	SPITAL	- DUA			
5. S	EV	6. RACE	7 44 4 00150	, NEVER MARRIED	153 N. Potomac	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
J. 3		o. RACL		DIVORCED (specify)		lost birthdoy	Months Doys Hours Min.
	Male	White			3/26/1895	71	
		JPATION (Give kind of work vorking life, even if retired)	_		11. BIRTHPLACE (State or foreign		12. CITIZEN OF WHAT COUNTRY?
1	Lcensed-	-Engineer	Stan	dard Oil(o.	Baltimore, Ma	ryland	U.S.A.
13.	FATHER'S NAM	_			14. MOTHER'S MAIDEN NAME		
		Garcia			Mary Love		
		D EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No			214-01-4646	Mrs. Theresa	Garcia 153	N. Potomac St.
	1B. J.J.	0.0		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	E OR CONDITION DI	PECTI Y				ONSEL AND DEATH
		LEADING TO DEATH		(A) Arte	riosclerotic hear	t disease	
	heort foilure,	of meon the mode of osthenio, etc. It meons application which coused	the diseose,	DUE TO			
		NEECEN DENE CALLER					
		NTECENDENT CAUSE OR CONDITIONS, IF A		(B)DUE TO			
	RISE TO TH	E ABOVE CAUSE (A) ST		201 10			
Z	ONDERETTI	to combinion tasi.		(C)			
은		11					
5		NIFICANT CONDITIONS DEATH BUT NOT REI					
出	DISEASE OF	R CONDITION CAUSING	IT.	.0000000			***************************************
CERTIFICATION	19A. DATE OF	OPERATION 198, CON WAS PER		WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN IN CERTIFYING CAUS	
	21 A. EXTERNA	L CAUSE WAS	21 R.	PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID	If in Boltimore City, giv	re exact location)
MEDICAL	UNDERLYING	OR CONTRIB- SE OF DEATH.	hom etc.)	e, form, foctory, street,	office bldg., INJURY OCCUR?	,	
Σ	21D TIME	(Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
	OF INJURY (APPROX.)		m.	WHILE AT NOT	WHILE O		
	22. I cert	ify that I held an I	nquiry 🗌	Inspection X Au	tapsy and that an thi	s basis, death In m	y apinlon
	resul	ted fram: Natural car	uses X	Accident Suicid	e Hamicide U	ndetermined manne	r 🗌
		7) 0		0	CHIEF MEDICAL EX	AMINER 🖺	DATE SICNED
	SIGNAT		Fir	he M.D	ASSISTANT MEDICAL EX	AMINER -	DATE SIGNED
	EXAMIN	ER'S			ASSOCIATE MEDICAL EX	AMINER	7-16-66
	NAME (Type) RUSSELI		SHER, M.D.			
	MOVAL (Specify		2:	C. NAME OF CEMETERY			town, or county) (Stote)
	Burial		1966	Schwartz Come	etenu Bal	timore, Ma	ryland
24,		BY HEALTH DEPT.	248. NAME	OF REGISTRAN	eteru Bal	Barrier and the	ADDRESS
		JUL 19 196	6 Res	et E. Farley M.	A John A. Manan	Inc 3000	E. Baltimore St.
VS	151-REV. 1/1/	65	- 20 61		gride / talib/all		

97 29 11 20 11 20

1. NAME OF	10.					
(Type or Print	DON	IATD	DYANG		HOUR PRONOUNCE	2 22 .
3. PLACE IN	BALTIMORE, MARYLAND, V		EVANS		17, 1966 eccosed lived. If instit	3:00 A. M. utian: residence before odmissian)
FULL NAME	OF (IF NOT IN HOSPIT	TAL OR INSTITUTION, GIV	CTDCCT	Maryland		RURAL and give township)
HOSPITAL OI	R ADDRESS OR LOC	AHON		Baltimore		S S S S S S S S S S S S S S S S S S S
3/0	City Hospi	tal DO	D. STREE	T ADDRESS (If rural,	give lacation)	
5. SEX	6. RACE	7. MARRIED, NEVER MA		75 Willows	9. AGE (In years	If Under 1 Yr, If Under 24 Hrs.
Male	White	WEVEL MAKE		10-40	last birthdoy) 25	Months Doys Haurs Min.
done during me	OCCUPATION (Give kind of wo ost of working life, even if retired)		M	PRYLAND	country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S	NALD G. EV.	0115	14. MOTH	IER'S MAIDEN NAME	REARICK	
15. WAS DEC	EASED EVER IN U.S. ARME	D FORCES? 16. SOCIAL	17. INFOR	MANT	0007,107,07,0	ADDRESS
Vo	nown) (If yes, give wor or dot	tes of service) SECURI	D.G.	EVANS. 73	- Willen S	ADDRESS PRINGROUNT
1B.	816.24		CAUSE OF DEA			INTERVAL BETWEEN ONSET AND DEATH
D	ISEASE OR CONDITION D	DIRECTLY H	Consolina	d		
heart f	loes not mean the made o	is the disease,	Crushing	ion of aorta	lest with	
injuly	or complication which caused		CLANSSECE	ion or aorta	1	
	ANTECENDENT CAUS SES OR CONDITIONS, IF	ANY, GIVING	B)			***************************************
	RLYING CONDITION LAST.		3)			
<u> </u> <u> </u> <u> </u>	ll l	· ·	ø January 1			
<u> </u>	SIGNIFICANT CONDITIONS HE DEATH BUT NOT R	ELATED TO THE				
	SE OR CONDITION CAUSIN	NDITION FOR WHICH OP	ERATION 20A. A	UTOPSY? (Yes or No) 2		
Ō		RFORMED		Partial	N CERTIFYING CAUSE	123
CHINDERLY	ERNAL CAUSE WAS ING OR CONTRIB- CAUSE OF DEATH.	home, form, for	injury (e.g., in or about tory, street, office bldg.,	INJURY OCCUR?		03-00
Z 21D TIM	E (Month) (Doy) (Yes	Htree		Route 150 -		est of 54th stree
OF INJUI (APPROX.	July 17, 1966	2:50 A WHILE AT	NOT WHILE	Passenger i	n auto-auto	collision
22.	certify that I held an		Partial		basis, death in my	y aplnian
	esulted fram: Natural co	uses Accident	Suicide 1	Homicide U	ndetermined manner	
	TUAL 1	260		IEF MEDICAL EXA		DATE SIGNED
AC	NATURE /	1 mines		ANT MEDICAL EXA		July 17, 1966
SIG						
SIG EX NAI	AMINER'S Russe ME (Type)	11 S. Fisher,				
SIG EX/ NA/ 23A. BURIAL REMOVAL (S	AMINER'S Russe ME (Type) CREMATION, 23B. DATE (pecify)	23C. NAME o	CEMETERY OF CREMAT		CATION (City,	town, or county) (State)
SIG EX/ NAI 23A. BURIAL REMOVAL IS	AMINER'S Russe ME (Type) CREMATION, 23B. DATE (pecify)	23C. NAME o	CEMETERY OF CREMAT			town, or county) (State)



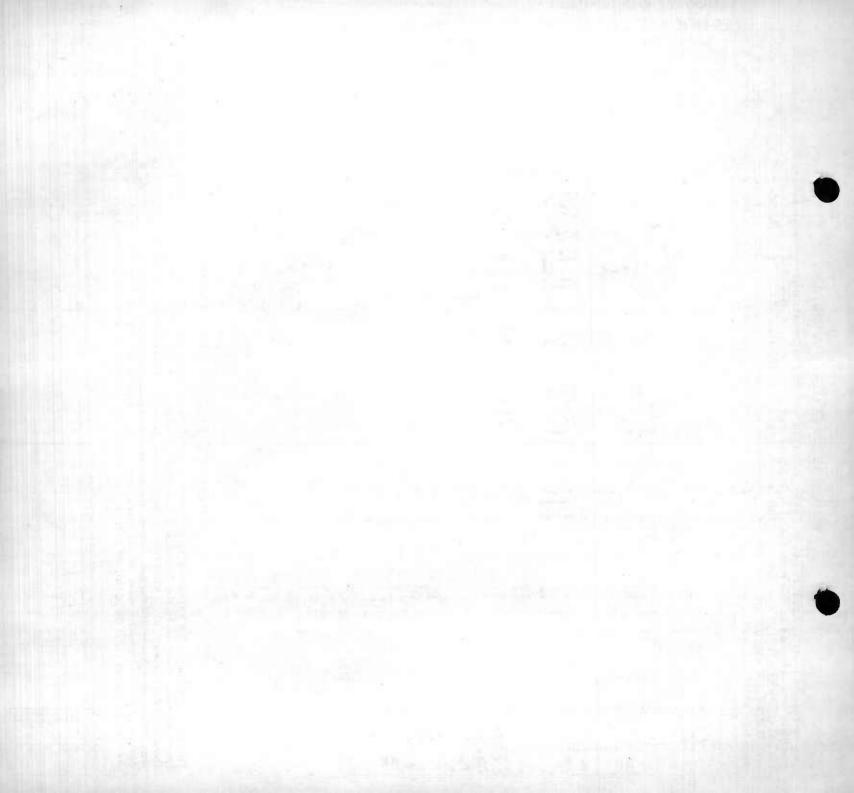


IMPORTANT

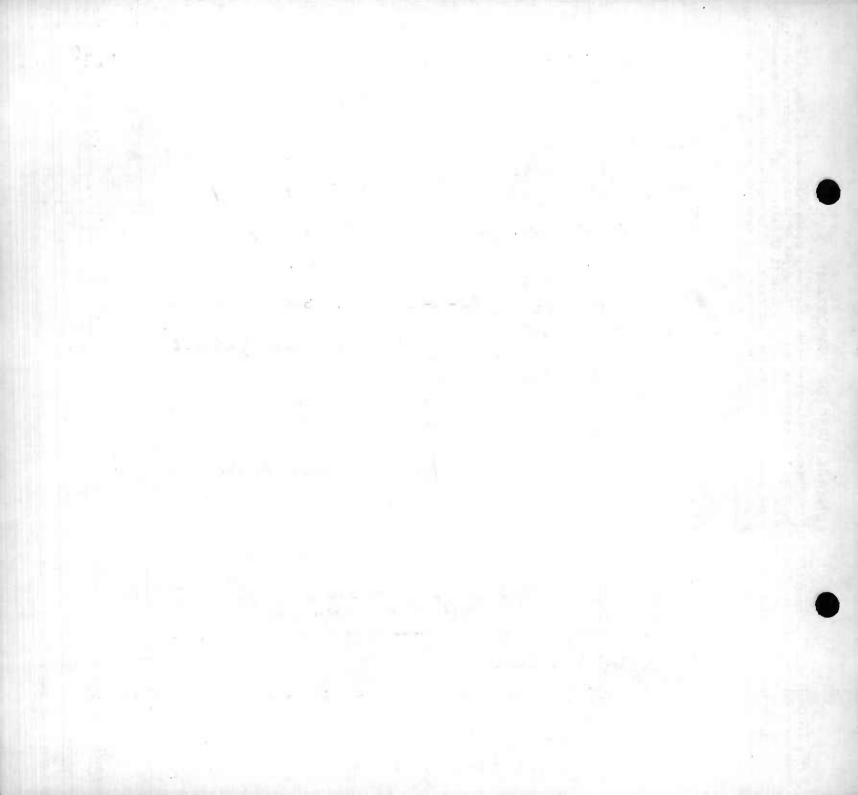
DIRECTOR:

FUNERAL

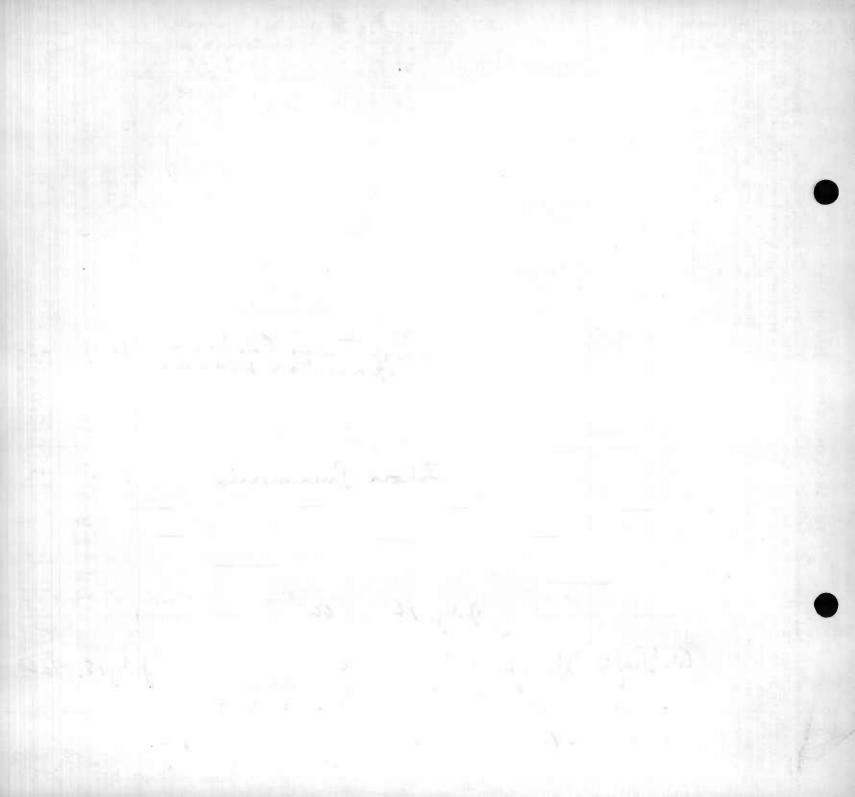
BALTIMORE CITY HEALTH DEPARTMENT



00 07240	BALTIMORE CITY	Y HEALTH DEPARTMENT		00 00040
BIRTH NO. 66 U7318	CERTIFICA	TE OF DEATH	Registered No.	56 0/318
I. NAME OF DECEASED U			D HOUR OF DEATH	116
(Type or Print) BERT "WELLER		7.15.	66	12.40
3. PLACE OF DEATH IN BALTIMORE, MARYLAND SINAL HOSPITAL OF FULL NAME OF HOSPITAL OR INSTITUTION Address or locotion	BALTIHOZE.	A. STATE B. COUN' A. STATE B. COUN' C. CITY OR TOWN (If out:	TY	1
MARYLAND.		D. STREET ADDRESS POR	urol, give location)	#15
Middle 1311 WIRO	ED, NEVER MARRIED WED, DIVORCED (specify)		ost birthday	Under 1 Yr. If Under 1
don Ouring most of working life even if retired)		MARYLAND	gn coo , , 1 12	CITIZEN OF WHAT COUNTRY?
William P. Weller		Mary E. Mc	-	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service Yes World War II	16. SOCIAL SECURITY NO. 213-01-2111	Mrs. Tobye Wel.	ler same add	ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE O	OF DEATH		INTERVAL BETWEE
injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giverise to the abave cause (A) stating UNDERLYING CONDITION last.	ing			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		URINARY RE	ETENTION	
WAS PERFORMED	DR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medicol examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	in or obout 21C. WHERE DID strice bldg., INJURY OCCUR?	(If in Boltimore Cit	y, give exoct location)
21D. TIME (Month) (Doy) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED While At Not Whi Work Not Work			
22. I certify that (I) (this hospital) attended that (I) (we) lost sow the deceased alive of	on 8 phy 7.14.	19 6 ond the	9to/. [E ot In(my) (our) opinion	deoth occurred on the
ond hour ond from the couse stoted above	e. (1) (We) (did) (did not) :	view the body ofter deoth.		
Victor Valauer	M.D. Att			7.15.66
23C. PHYSICIAN'S NAME (Type) VICTOR SAL	AU. A M.D.	23D. ADDRESS SINAL Has	PHYS. D	7.15.66. THORE. H.
23C. PHYSICIAN'S NAME (Type) VICTOR SAL 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 7/18/1966	Phy	23D. ADDRESS SINAL 405 EMATORY 24D, LC	PHYS. D	7.15.66. THORE H.



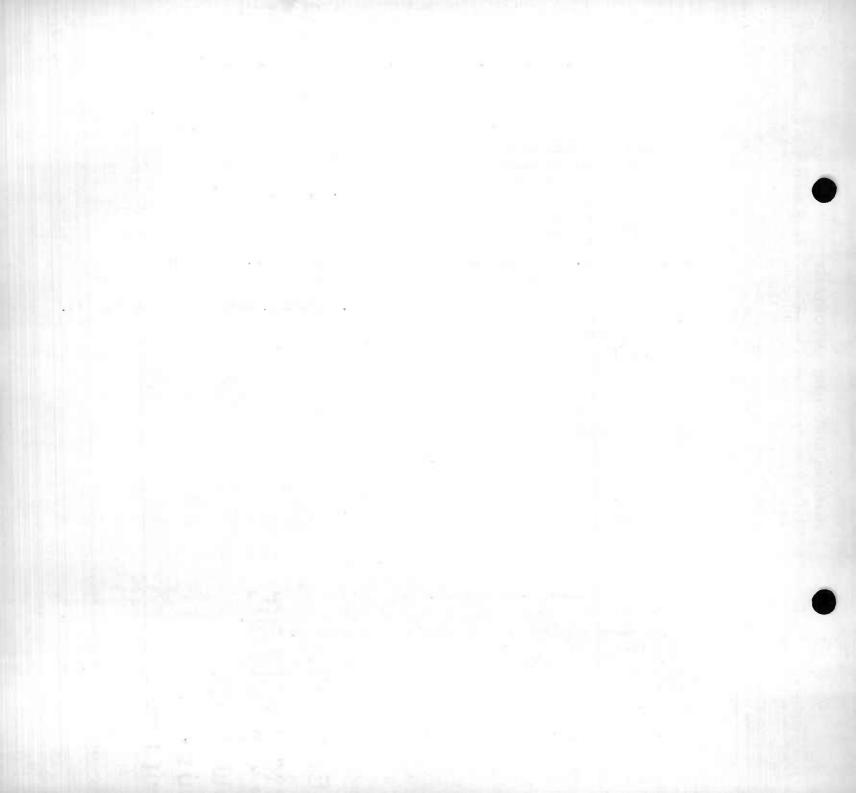
ee 187240	BALTIMORE CIT	Y HEALTH DEPARTMENT	V ER	117210
BIRTH NO. 66 U7319 M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN BALTIMON, MARKET	CERTIFICA	ATE OF DEATH	Registered No. 56	07013
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)	1	2. DATE AND	HOUR OF DEATH	1 20
Grant	· Horence E.		17-66	1 4- 1
PLACE OF DEATH IN BALTIMUN, MARY	AND	A. STATE B. COUNT	Harford	n: residence bolore odmissi
HOSPITAL OR address as location)	institution, give street	Mary 24d		
INSTITUTION		C. CITY OR TOWN (If outside	de city limits, write KUKAL	62 - 14
Keswick - 700 U	J. 4016.51.	D. STREET ADDRESS (If rus	rol, give location	0
11		208 High	land Rd.	
S. SEX 6. RACE 7	WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9.	AGE (In years If U st birthday) Mont	nder 1 Yr. If Under 24 H hs Doys Hours Min.
0A, USUAL OCCUPATION (Give kind of work)	B, KIND OF BUSINESS OR INDUSTR	1 M BIRTHPLACE (Stote or foreign	country) 12, 0	CITIZEN OF
done during most al working life, even if retired)		(d)	1	WHAT COUNTRY?
JOUSE WILL 3. FATHER'S NAME		14. MOTHERS MAIDEN NAM	Na.	u.S.A.
11. 01. 11		En . car N	110	
15. Was Deceased Ever in U. S. Armed Force		17. INFORMANT	. HIR	ADDRESS
(Yes, no or unknown) (If yes, give wor or dates	of service) SECURITY NO.	2 11.0 k	200 Pu	VL
18.	CAUSE (OF DEATH	wer-11.11.	INTERVAL BETWEEN
DISEASE OR CONDITION DIRE	CTLY Of		0 -	ONSET AND DEATH
LEADING TO DEATH	(AL)	believeset Ca	ileo-	16 ylars
(This daes not meon the made of a heart foilure, asthenia, etc. It means t	re disease,	knowlar h	incore.	
ANTECEDENT CAUSES	(8)			
DISEASES OR CONDITIONS, if or	DUE TO			
rise to the obove cause (A)		999 ayaa 80 05 05 0 00 0 0 0 0 0 0 0 0 0 0 0 0 0	80 00 00 00 00 000 000 000 000 00 000 0	
UNDERLYING CONDITION last,				
O OTHER SIGNIFICANT CONDITIONS CO		0		1 hech
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.	3000	or Jucanion	ua	1
19A. DATE OF OPERATION 19B. COND	TION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDIN	OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in Boltimore City,	give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street,	office bldg., INJURY OCCUR?		
21D. TIME (Month) (Doy) (Year) OF INJURY	(Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
OF INJURY (APPROX)	While At Not Wh	ile 🗌		
22. 1 certify that (1) (this hospital)		10,10,1962 19	10 July	17 19 6
that (I) (we) lost sow the deceased	11 11 11	11/	in(my) (our) apinion	
ond hour ond from the causes state	d above. (1) (We) (did) (did nat)			
23A, SIGNATURE			238. [DATE SIGNED
W. Trafton Der		ys. Med. Director P	foff hys.	-ly 18, 1966
23C. PHYSICIAM'S NAME (Type)	10	23D. ADDRESS	J	0
W. Grafton Hersper		/00 W. 40th Str		
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CI			n, or county) (State
Burial 7/19/19			esville, Md.	
25A. DATE REC'D BY HEALTH DEPT.	SB. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR		Balls, mg
	. 00 .	71/2 17	1 2	2 million



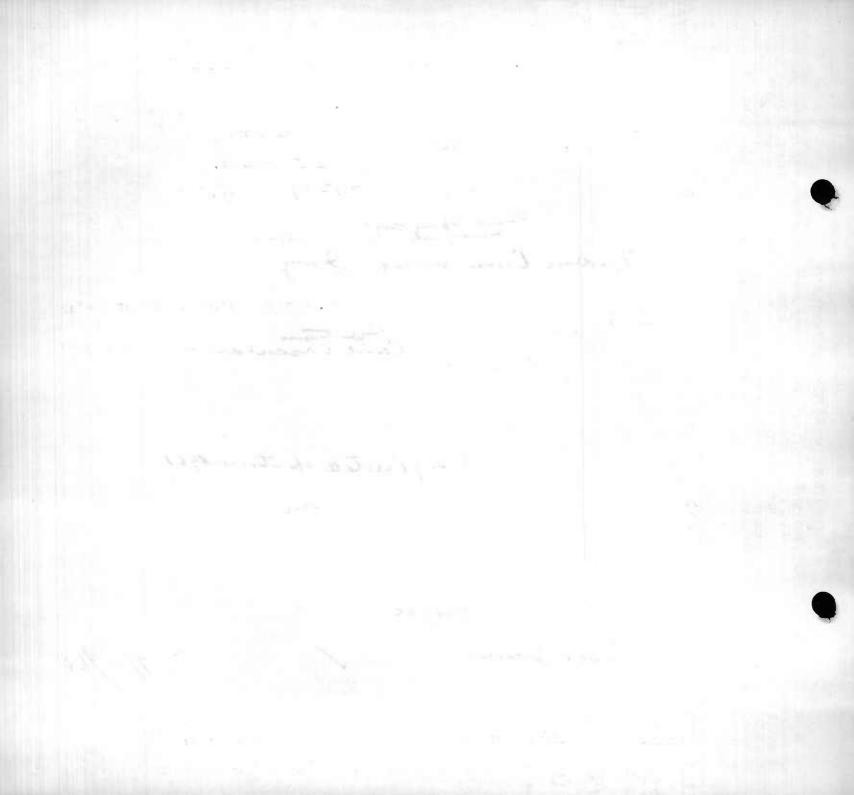
IMPORTANT

FUNERAL DIRECTOR:

66 07320		HEALTH DEPARTMENT		66 07320
A.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	00 07020
NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
ype or Print) Bernadette	S. Bushman	July	14, 1966	
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived, If in	nstitution: residence before admis
		Maryland	Υ	
FULL NAME OF (If not in hospital or institution, HOSPITAL OR address or location)	, give street			
INSTITUTION		C. CITY OR TOWN (II outs	ide city limits, write	RURAL and give winship)
Long Green Nursing H	ome	Baltimore	0	
115 East Melrose Ave	nue	D. STREET ADDRESS (If re	ral, give lacation)	- Segui
Baltimore, Maryland		2200 Chilham	Road	9
SEX 6. RACE 7. MARRIEI	D, NEVER MARRIED ED, DIVORCED (specify)		. AGE (In years	II Under 1 Yr. II Under 24 Manths Days Haurs M
	Single	Sept. 3, 1873	ost birthday) 92	Manths Doys Haurs M
A. USUAL OCCUPATION (Give kind of work 108, KIND C	-			12. CITIZEN OF
one during most of warking life, even if retired)				WHAT COUNTRY?
Homemaker		Gettsburg, Pe		
S. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
John H. Bushn	man	Mary J.	Norbec	k
. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no ar unknown) (If yes, give war ar dates at service)	SECURITY NO.			
		Mr. Samuel M. H	Bushman 22	9 Spring Ave.
1B. 175. A	CAUSE O			INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		1		ONSET AND DEATH
LEADING TO DEATH	(4)	ones of (N	ary	
(This does not mean the made of dying, e.g heart failure, asthenia, etc. It means the diseas				
near failure astheria elc. It means the diseas	R		/	
	-,		/	
injury or camplication which caused death.)	(B)	U		
injury or complication which caused death,) ANTECEDENT CAUSES	(B)	V		
injury or camplication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, givin	(B)	V		
injury or complication which coused death.) ANTECEDENT CAUSES	(B)	V		
injury or camplication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving itself to the above cause (A) stating the UNDERLYING CONDITION last.	(B)	V		
injury ar camplication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(B)	V		
injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE	(B) DUE TO 9 e (C)			
injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving itself to the abave cause (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OFFRATION 1198. CONDITION FOR	G (C)	J20A, AUTOPSY? (Yes, or, No.)	208, IF YES, WEDE	FINDINGS CONSIDERED
injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving the control of the control of the condition last. Il OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED	(B) DUE TO Ge (C) NG THE WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
injury ar camplication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	(B) DUE TO G (C) NG THE WHICH OPERATION FOREIGN	200	IN CERTIFYING CA	USES OF DEATH?
injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED OR CONTRIBUTING CAUSE OF	(B) DUE TO G (C) NG THE WHICH OPERATION FOR THE PLACE OF INJURY (e.g., in the common process, or more, form, loctory, street, or me, lock street, or me,		IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? c City, give exoct location)
injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT. 19.A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED OR CONTRIBUTING CAUSE OF THE CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF THE	(B) DUE TO 9 e (C) NG HE WHICH OPERATION FOR ALL R. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	IN CERTIFYING CA	USES OF DEATH?
injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving the control of the cause (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED OR CONTRIBUTING AUSE OF CONDITION CAUSING IT. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CAUSE OF CONTRIBUTION CAUSE OF CAUSE OF CONTRIBUTION CAUSE OF CAUSE	(B) DUE TO G (C) NG THE WHICH OPERATION FOR THE PLACE OF INJURY (e.g., in the common process, or more, form, loctory, street, or me, lock street, or me,	n or obout 21 C. WHERE DID	(If in Baltimar	USES OF DEATH?
Injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (nofily medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nofily medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21 OF INJURY (APROV)	(B) DUE TO G (C) NG (HE WHICH OPERATION FOR A HOLOGO, Street, oc.) E. INJURY OCCURRED While At Not When	n or obout 21C. WHERE DID ffice bidg., NJURY OCCUR?	(If in Baltimar	USES OF DEATH?
Injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving its to the above cause (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 119B. CONDITION FOR WAS PERFORMED OR CONTRIBUTING CAUSE OF CAUS	(B) DUE TO 9 e (C) NG (HE WHICH OPERATION FOR A HOLOGO, street, o c.) E. INJURY OCCURRED While At Not White At Work	n or obout 21C. WHERE DID ffice bidg., NJURY OCCUR?	(If in Baltimar	USES OF DEATH?
Injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, givinities to the above cause (A) stating the UNDERLYING CONDITION last. I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 119B. CONDITION FOR WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A.ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	(B) DUE TO 9 e (C) NG (HE WHICH OPERATION FOR A HOLOGO, street, o c.) E. INJURY OCCURRED While At Not White At Work	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimar	USES OF DEATH?
Injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, givinitise to the above cause (A) stating the UNDERLYING CONDITION last. I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21 (APPROX.)	(B) DUE TO 9 e (C) NG (HE WHICH OPERATION F. PLACE OF INJURY (e.g., ione, lorm, loctory, street, oc.) E. INJURY OCCURRED While At At Work The deceased from	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	IN CERTIFYING CA	uses OF DEATH? City, give exact location)
Injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving itself to the above cause (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TO TO DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D.TIME (Month) (Day) (Year) (Hour) 21 OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased live an	ING NG NG NG NG NG NG NG NG NG	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJU 15 15 19 19 19 19 19 19 19 19	IN CERTIFYING CA	uses OF DEATH? City, give exact location)
Injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving its to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D.TIME (Month) (Day) (Year) (Hour) 21 OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased live an and hour and from the couses stated above.	ING NG NG NG NG NG NG NG NG NG	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJU 15 15 19 19 19 19 19 19 19 19	IN CERTIFYING CA	USES OF DEATH? City, give exoct location) Level 19 6 Inian death accurred on the
Injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving its to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21 OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased live an	(B) DUE TO G (C) NG (HE WHICH OPERATION FRACE OF INJURY (e.g., independent of the control of the control of the control of the control of the deceased from the deceased f	n or obout 21°C. WHERE DID ffice bidg., INJURY OCCUR? 21°F. HOW DID INJU 21°F. HOW DID INJU 3 19 6 6 ond tho view the body ofter deoth.	IN CERTIFYING CA	uses OF DEATH? e City, give exact location) for inian death accurred on the
Injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving its to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21 OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased live an and hour and from the causes stated above.	(B) DUE TO G (C) NG (HE WHICH OPERATION FRACE OF INJURY (e.g., independent of the control of the control of the control of the control of the deceased from the deceased f	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJU 21F. HOW DID INJU 3 19 6 ond the riew the body ofter deoth.	IN CERTIFYING CA	uses OF DEATH? e City, give exact location) for inian death accurred on the
injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving its to the abave cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased live an and hour and from the causes stated above.	(B) DUE TO 9 e (C) NG (HE WHICH OPERATION (B) PLACE OF INJURY (e.g., i) ome, lorm, loctory, street, o c.) E. INJURY OCCURRED While At At Work The deceased from (I) We) (did) (did mot) M.D. Att. Phy	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJU 21F. HOW DID INJU 3 19 6 ond the riew the body ofter deoth.	(If in Boltimor	USES OF DEATH? City, give exoct location) Level 19 6 Inian death accurred on the
Injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving its to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING CAUSE OF CONTRIBUTING CAUSE OF C	ING NG NG NG NG NG NG NG NG NG	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJU 3 19 6 ond tho view the body ofter deoth. And Med. Director F	(If in Boltimor	uses OF DEATH? e City, give exact location) for inian death accurred on the
Injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving the course to the above cause (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended that (1) (was) last saw the deceased live an ond hour and from the course stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	(B) DUE TO G (C) NG (HE WHICH OPERATION FRACE OF INJURY (e.g., index) Some, form, foctory, street, onc.) E. INJURY OCCURRED While At	n or obout 21°C. WHERE DID ffice bldg., INJURY OCCUR? 21°F. HOW DID INJU 3 19 6 0 ond tho riew the body ofter deoth. 23°D. ADDRESS 5006 BOLAN	IN CERTIFYING CA (If in Boltimor RY OCCUR? t in(my) () opi total opi total opi AVEA	uses OF DEATH? e City, give exact location) for inian death accurred on the
Injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving the cause to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21 OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased live an ond hour and from the causes stated above 23A. SIGNAT LIE 23C. PHYSICIAN'S NAME (Type) 4A. BURIAL CREMATION, 24B. DATE 24C. PREMAYALON, 24B	ING NG NG NG NG NG NG NG NG NG	n or obout 21°C. WHERE DID ffice bldg., INJURY OCCUR? 21°F. HOW DID INJU 3 19 6 0 ond tho riew the body ofter deoth. 23°D. ADDRESS 5006 BOLAN	(If in Boltimor	uses OF DEATH? e City, give exact location) for large state of the location
Injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving the cause to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING 17. 19A-DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21 (APPROX.) 22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased live an apid hour and from the causes stated above. 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 4A. BURIAL CREMATION, 24B. DATE 24C. PREMOVAL (Specify)	(B) DUE TO 9 e (C) NG CHE WHICH OPERATION (B. PLACE OF INJURY (e.g., index) ome, lorm, loctory, street, onc.) E. INJURY OCCURRED While At North At Work The deceased from M.D. Att. Phy M.D. Att. Phy NAME of CEMETERY or CR	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJU 23F. HOW DID INJU 3 19 6 ond tho oriew the body ofter deoth. 23D. ADDRESS 3006 Rolling Med. Director Rolling 24D. LO	IN CERTIFYING CA	uses OF DEATH? e City, give exact location) fully 196 nian deoth accurred on the 238, DATE SIGNED 7-16-66 148 21210 ity, town, or caunty) (States)
Injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving the course to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING 17. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIMME (Month) (Day) (Year) (Hour) 21 OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased live an ond hour and from the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 4A. BURIAL CREMATION, 24B. DATE 24C. PREMOVAL (Specify) Burial 7/18/1966	(B) DUE TO G (C) NG (HE WHICH OPERATION FRACE OF INJURY (e.g., index) Some, form, foctory, street, onc.) E. INJURY OCCURRED While At	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJU 23F. HOW DID INJU 3 19 6 ond tho oriew the body ofter deoth. 23D. ADDRESS 3006 Rolling Med. Director Rolling 24D. LO	IN CERTIFYING CA (If in Boltimor RY OCCUR? t in(my) () opi total opi total opi AVEA	uses OF DEATH? e City, give exact location) fully 196 nian deoth accurred on the 238, DATE SIGNED 7-16-66 148 21210 ity, town, or caunty) (States)
Injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving the course to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING 17. 19A-DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21 OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended that (I) (wo) last saw the deceased live an ond hour and from the causes stated above. 23A. SIGNATURE 4A. BURIAL CREMATION, 24B. DATE 24C. PRISICIAN'S NAME (Type) BUTIAL 5A. DATE REC'D BY HEALTH DEPT. 25B. NAME	DUE TO Ge (C) NG NG NG NG NG NG NG NG NG N	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 15 13 19 19 19 19 19 19 19 23 D. ADDRESS ADDRESS EMATORY 24D. Lo Cemetery Ba	IN CERTIFYING CA	uses of Death? c City, give exact location) Level 196 Inian death accurred on the 238 DATE SIGNED 7-16-66 (Steel 2/2/0) ity, town, or caunty) (Steel 2 12 10 aryland



Male White 7. MARRIED, NE WIDOWED, D William	Crouse	Ju: L. USUAL RESIDENCE (Whe A. STATE B. COUN Md. C. CITY OR TOWN (If our Baltim	itside city limits, write Ri	11 (1732)
NAME OF DECEASED Type or Print) Howley A. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF Oddress or location) INSTITUTION 1812 Brunt Street Baltimore, Maryland SEX Male White Whospital or institution, give oddress or location) 1812 Brunt Street Wilder Wilder	21 21 7 EVER MARRIED 6.	Md. C. CITY OR TOWN (If our Baltime). STREET ADDRESS (If	ty 11, 1966 re decessed lived. If ins	
FULL NAME OF HOSPITAL OR Oddress or location) 1812 Brunt Street Baltimore, Maryland SEX Male 6. RACE Widoweb, D White Work North Color of the Street of	21 21 7 EVER MARRIED 6.	Md. C. CITY OR TOWN (If our Baltime). STREET ADDRESS (If	ty 11, 1966 re decessed lived. If ins	
FULL NAME OF (If not in hospital or institution, give oddress or location) 1812 Brunt Street Baltimore, Maryland 2 SEX 6. RACE WIDOWED, D Male White OA. USUAL OCCUPATION (Give kind of work 108, KIND OF 80	21 21 7 EVER MARRIED 6.	Md. C. CITY OR TOWN (If our Baltim) D. STREET ADDRESS (If	tside city limits, write Riore ore	
FULL NAME OF (If not in hospital or institution, give oddress or location) 1812 Brunt Street Baltimore, Maryland 2 SEX 6. RACE WIDOWED, D White OA. USUAL OCCUPATION (Give kind of work 108, KIND OF 80)	21 21 7	Md. c. city or town (If our Baltim or street Address (If 1812 Brun	itside city limits, write Ri	
HOSPITAL OR oddress or locotion) 1812 Brunt Street Baltimore, Maryland 2 SEX 6. RACE WIDOWED, D Wildeline White Wilder Street Male White Wilder Street MARRIED, NE WIDOWED, D Wilder Street MARRIED, NE WIDOWED, D WIDOWED, D WILDER STREET OA. USUAL OCCUPATION (Give kind of work 108, KIND OF 80)	21 21 7	Baltim Street Address (If	ore	URAL ond (Ve town hip)
HOSPITAL OR oddress or locotion) 1812 Brunt Street Baltimore, Maryland 2 SEX 6. RACE WIDOWED, D Wico WALL OCCUPATION (Give kind of work 108, KIND OF 80	21 21 7	Baltim Street Address (If	ore	URAL and the township)
Baltimore, Maryland 2 SEX 6. RACE 7. MARRIED, NE WIDOWED, D Male White Willow kind of work 108, KIND OF BU	VER MARRIED B.	1812 Brun	rurol, give location)	-05
Baltimore, Maryland 2 SEX Male White Wildowed, D Wil	VER MARRIED B.	1812 Brun	rurol, give location)	
Male White Male White Male White Midowed, D Wichard of work 108, KIND OF BU	VER MARRIED B.		t. St.	
Male White Widowed, DA. USUAL OCCUPATION (Give kind of work 108, KIND OF BU			T. Ot.	
Male White Widowed, D. Wildowed, D. Willow Willow, D. Willow Wildows Wind of work 108, KIND OF BU			9. AGE (In years	If Under 1 Yr. , If Under 24
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BU		2/5 01	lost birthdoyl	Months Doys Hours M
DA. USUAL OCCUPATION (Give kind of work 10B. KIND OF BU	dowed	1/3-11	フィー	
one during most of working life, even if retired)	ISINESS OR INDUSTRY 11	. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
one during most of working life, even if retired)	Speng Daing			2.5
3. FATHER'S NAME	any marke.	Marylan		
7 / 2	,	MOTHER'S MAIDEN NA	VIE	
treduct trouse	_ deceased	Jenny		
. Was Deceased Ever in U. S. Armed Forces? 16		INFORMANT		ADDRESS
es, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.			
			Spector 1 Ch.	arles Center
18. 4443 1 177 X	CAUSE OF	DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	14-	destensina		UNSEL AND DEATH
LEADING TO DEATH	(A) Can	10-Vasen	lan-	15 yes
(This does not mean the mode of dying, e.g.,	DUE TO		0000xxx 00000x00x00x000000000000000000	······································
heart failure, osthenia, etc. It meons the diseose, injury ar camplication which caused death.)				
ANTECEDENT CAUSES	(B)			
	DUE TO			
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	161			
UNDERLYING CONDITION lost.	(C)			*******************
11	^			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Ca 2 P.	tate operate.	d cu \$961	
TO THE DEATH BUT NOT RELATED TO THE	1/100	The offer	1	
DISEASE OR CONDITION CAUSING IT.	-			NOINGS CONSIDERED
WAS PERFORMED	CII OTEKATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	SES OF DEATH?
× IV	A CE OF INTERNAL	100	00.000	
OR CONTRIBUTING CAUSE OF home,	ACE OF INJURY (e.g., in of form, foctory, street, office		(It in Boltimore	City, give exact location!
DEATH (notify medical examiner) etc.)				
	JURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
A/hil-		7		
(APPROX.) Work	At Work			
22. I certify that (I) (this haspital) attended the a	deceased from		19ta	19
	-1.111			
			ur in(my) (aur) apin	fan death accurred an the
that (I) (we) last saw the deceased alive an	1			
that (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I) (*	1			
that (I) (we) last saw the deceased alive an and haur and from the causes stated abave. (I) (*23A. SIGNATURE	1			23B. DATE SIGNED
that (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I) (*	Ne) (did) (did nat) vie	w the bady after death.	Stoff	23B, DATE SIGNED
and haur and from the causes stated above. (1) (1) 23A. SIGNATURE	Me) (did nat) vie	med. Director		23B, DATE SIGNED
and haur and from the causes stated above. (1) (1) 23A. SIGNATURE 23C. PHYSICIANS NAME (Type) DOS: N. ZIERLER, M. E.	Me) (did nat) vie	w the bady after death.	Stoff	23B. DATE SIGNED
and haur and from the causes stated above. (1) (1) 23A. SIGNATURE Joseph N. 2001. F.	Me) (did nat) vie	med. Director	Stoff	23B. DATE SIGNED
and haur and from the causes stated above. (1) (1) (23A. SIGNATURE 23C. PHYSICIANS NAME (1) PHYSICIANS NAM	M.D. Attend Phys. D. M.D. 231 M.D. 231	my the bady after death. Med. Director	Stoff Phys.	23B. DATE SIGNED
and haur and from the causes stated above. (1) (1) (23A. SIGNATURE 23C. PHYSICIANS NAME (1) (2502 EUTAW PLACE 4A. BURIAL CREMATION, 2504 EUTAW PLACE (2502 EUTAW PLACE)	M.D. Attend Phys. D. M.D. Attend Phys. E of CEMETERY or CREM	Med. Director D. ADDRESS	Stoff Phys. C	7/10/66
that (I) (we) last saw the deceased alive an and haur and from the causes stated above. (I) (1) (23A. SIGNATURE 23C. PHYSICIAN'S NAME (Xpe) DOS. N. ZIERLER, M. E 2502 EUTAW PLACE 4A. BURIAL CREMATION, REMOVAL (Specify) Burial 7/18/66 Wester	M.D. Attend Phys. D. M.D. Attend Phys. M.D. CREM	my the bady after death. Med. Director D. ADDRESS ATORY 24D. L B.	Stoff Phys.	7/10/66
that (I) (we) last saw the deceased alive an and haur and from the causes stated above. (I) (1) (23A. SIGNATURE 23C. PHYSICIAN'S NAME (XXPE) DOS. No. ZIERLER, M. E 2502 EUTAW PLACE 4A. BURIAL CREMATION, 2DADMINORE, MESC. NAME (XXPE) (XXIII) (XXIIII) (XXIIIII) (XXIIIIIIIIII	M.D. Attend Phys. D. M.D. Attend Phys. M.D. CREM	Med. Director ATORY 24D. L 25C FUNERAL DIRECTOR	Stoff Phys. OCATION (Crity altimore, Md	7/10/66



and

0

IMPORTANT

DIRECTOR:

FUNERAL

by

VS 150-REV. 1/1/65

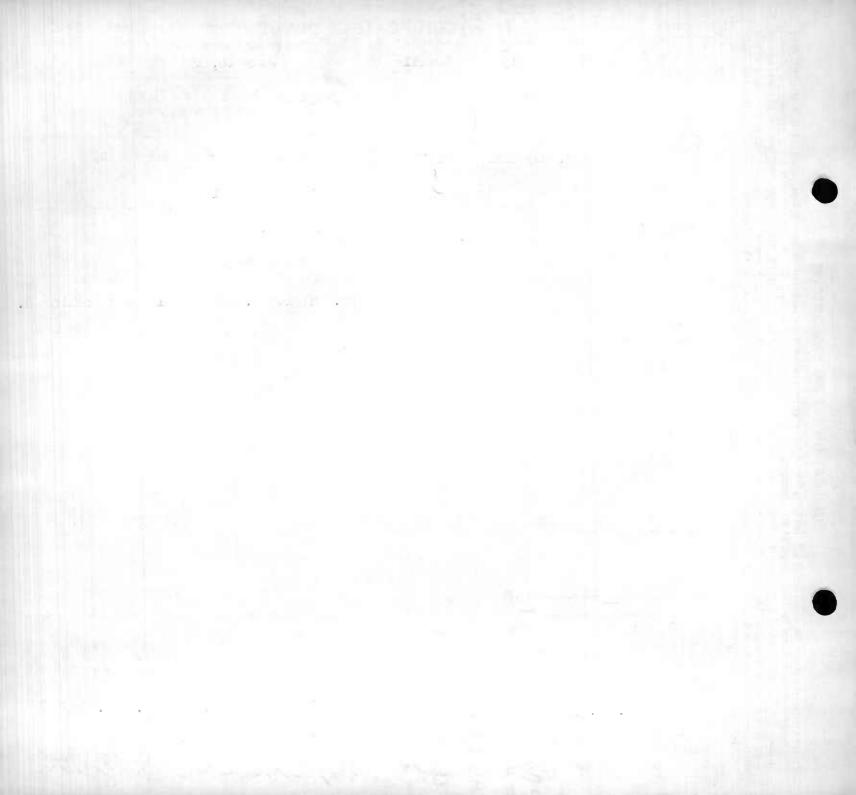
BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

Hours

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH



24B NAME OF REGISTRAR

WORTHE

Bacto.17,

24A. DATE REC'D BY HEALTH DEPT.

00 00001	BALTIMORE CI	TY HEALTH DEPARTMENT		66 07324
BIRTH NO. 66 U7324	CERTIFIC	ATE OF DEATH	Registered No	50 07021
M.E. CASE NO. 1, NAME OF DECEASED		2. DATE AN	ID HOUR OF DEATH	
(Type or Print) GEORGE E.	MASON, SR.		66	11:05 AN
3. PLACE OF DEATH IN BALTIMORE, MARYLA	ND	A. STATE B. COUN	ITY	stitution: residence before admission)
FULL NAME OF (If not in hospital or ins	stitution, give street	MD. BAU	TIMORE	
INSTITUTION		C. CITY OR TOWN (IF OU		RURAL ond give township)
UNION NEMORIAL H	OSPITAL	D. STREET ADDRESS (IF	rurol, give location)	76-45
44		3323 RAMO	No.	
	ARRIED, NEVER MARRIED		9. AGE (In years tost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
M WHITE-AM	WIDOWED, DIVORCED (specify)	10-19-87	3 8	Wonins Doys Hours Will.
IOA. USUAL OCCUPATION (Give kind of work 10B.		RY 11. BIRTHPLACE (Stole or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
NESTERN FLACT, GUARD		BAUTO, M	D.	U.S.A
3. FATHERS NAME		14. MOTHER'S MAIDEN NA	ME	
GEORGE E. M	ASON	ANNA WE	1. CH	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown! (If yes, give war or dates of	1 6. SOCIAL	17. INFORMANT		1662 ATTERPEET
NO	SECORITI NO.	GEONGE MA	SON. JR.	THUSON 4
1B. 203 X	CAUSE	OF DEATH	, , , , , ,	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECT	LY 1	11		ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying	(A)	luinget We	FLOONA	ONE YEAR
heart failure, asthenia, etc. It means the	diseose,			
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any,	DUE TO	mm da 658 88 644 6 8 8 8 8 644 448 8 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9	фини и в иморо в голосо осо осо осо осо осо осо осо осо ос	a
rise to the above cause (A) stall		# 5 M-0.0000 558 55 55 55 55 55 55 55 55 55 55 55 55	8 88 88 88 88 88 88 88 88 88 88 88 88 8	0 ymb 04 0 000 HB 10 10 BB 00 BB 00 BB 00 B 00 B 00
UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONT	PIRITING			
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
	ON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208, IF YES, WERE F	FINDINGS CONSIDERED
		NO		
OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	office bldg., INJURY OCCUR?	(If in Bottimore	City, give exoct locotion)
DEATH (notify medical examiner)	etc.)			
21D. TIME (Month) (Doy) (Year) (Ho		21F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Wo			
22. I certify that (I) (this hospital) att	ended the deceased fram	JUNE 29	19 66 to 11	1LY /7 19 66
that (I) (we) lost saw the deceased ol	ive on JULY 17	19 66 ond th	ot in (my) (our) opli	nion deoth occurred on the dat
and haur and from the couses stated a	bove. (1) (We) (did) (did not)	view the body ofter deoth.		
23A. SIGNATURE	M. h			23B. DATE SIGNED
- four overto g.	sold with " wio.	hys. Med. Director	Stoff Phys.	7-17-60
23C. PHYS CIAN'S EDILBERTO	GOZO JR.	UNION MEMOR	IAT HOSPAT	AI RAITO MD
EDILBERTO G.	GO 20, JR. M.	MEH MOINN	ORT A.C. HO	isp', "BALTO", HIV.
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF	2	OCATION (Ci	ly, town, or county) (Stote)
BURIAL 7-20-66	-	METERY BI	9270. (0.)	6.
	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	11	ADDRESS ADDRESS
JUL 19 1966 (R	legt & tarker Al	CLERICH FOR	ERAL HOME	DALTO, 101)
10 100 0014 1/2//F				

DATES THE DRIVENING STEELS

ATMOTHE MATTER 14 WE ROW LOT WHAT CHOOMY I THINKS

IL MORAH ADAGAD

ANNA WELLEN

1, 225 325 247

WA MOUNT S.F.E

75 + 2-P1 - D1

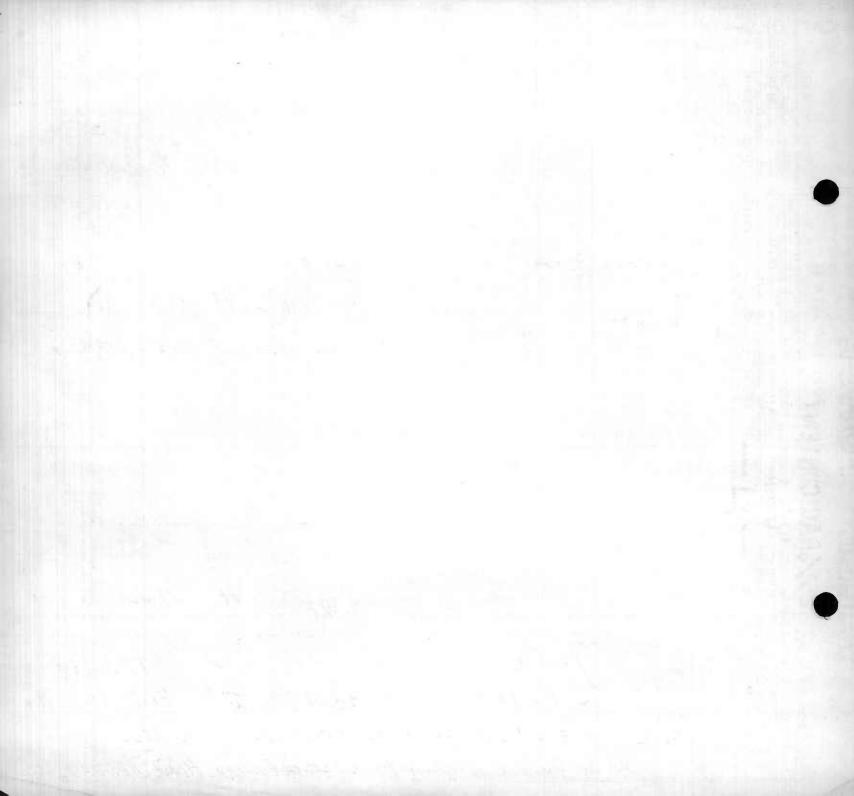
751,07125

5 Jevil 9 Ja 2

MILTIPET BYELDOM

fullbrite for fruit

	00 00000	BALTIMORE CIT	TY HEALTH DEPARTMENT	\	66 07325
BIRTH NO.	66 07325	CERTIFICA	ATE OF DEATH	Registered No.	00 070(1)
N.E. CASE NO.	FD			ND HOUR OF DEATH	
Type or Print)	Q 110 L	1 1-4	12	1 1//	0300
BLACE OF DEATH	Delle	11.19 h		1166	8 - a
. PLACE OF DEATH	IN BALTIMORE, MARTEA	ND /	A. STATE B. COUN	TY , instit	tutian: residence befare admissio
FULL NAME OF	(If not in hospital or in	stitution and sheet	Ih ol	BOIT	
HOSPITAL OR	oddress or location)	stitution, give sweet	C. CITY OR TOWN (If ou	tside city limits, write RUI	PAL and give township)
INSTITUTION			C. CITI OK TOWN	12 2 /2/1	AL ONG GIVE TOWNSHIP
0				DUM Gall	2900
Lutt.	P +	1/	D. STREET ADDRESS	rurol, give location)	
1 ayella	Convalescent	Home	27 1/1	11 Ship/101	21272
SEX 6.1		AARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hr
Enal	101 +	VIDOWED, DIVORCED (specify)	10C - C/L	lost birthdoy)	Aonths Doys Hours Min.
(MAIR)	MALLE N	DONED	105ep84	81	
one during most of work		KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
-11-W AT	HOME	_	Mayvland	1	USA
FATHER'S NAME	170101		14. MOTHER'S MAIDEN NA	AAE	03/1
FRA	NK FTRAN		CAROLINGE	12135	
. Was Deceased Eve	er in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown) (If	yes, give wor or dotes of	service) SECURITY NO.	1 . 7	201 514	
NO			HANN KENNIE	35/3 E/Ka	di Kil
18. // > >	1 1	CAUSE	OF DEATH	2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	INTERVAL BETWEEN
DISEASE	OR CONDITION DIRECT	I V	4	6.00	ONSET AND DEATH
	ADING TO DEATH	-	and Consenting	Sunt Tailuse	anto days
	meon the mode of dyin	ng, e.g., DUE TO	and conjugator	yan sound	openny
	henio, etc. Il meons the		V		0
injuly of complic	colion which coused deo	Ih.)			
AN'	TECEDENT CAUSES	(B)	**************************************		
DISEASES OR	CONDITIONS, if ony,	DUE TO			
	obove couse (A) slot				
	ONDITION lost.	page process gard	000000000000000000000000000000000000000		
	II				
OTHER SIGNIFIC	ANT CONDITIONS CONT	RIBUTING	0 1	2	
TO THE DEAT	TH BUT NOT RELATED	TO THE A (PY)	Catarnet)	
OTHER SIGNIFICATION TO THE DEAT DISEASE OR CO	NDITION CAUSING IT.	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	oll 208 IE ves were sin	IDINGS CONSIDERED
E OF OF	WAS PERFORA		AUTOPST! Ties of N	IN CERTIFYING CAUS	ES OF DEATH?
			(no		
OR CONTRIBUTION	WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.	office bldg., INJURY OCCUR?	(If in Boltimore, C	ity, give exact location)
DEATH (notify me	edicol exominer)	etc.)	omes blogs, indo ki occo k?		
)					
21 D. TIME (NO FINJURY	Nonth) (Doy) (Year) (H	Out 21E INJURY OCCURRED	21F. HOW DID IN	URY OCCUR?	
(APPROX)		While At Work At Wo	hile		
				11 11	1
22. I certify the	ot (1) (this hospital) at	tended the deceased from	SSEP	19 le/ to //	JUL 1966
that (I) (we) los	st sow the deceased ol	ive on // \/	19 6 6 ond th	not in (my) (our) opinio	on death accurred on the da
	am the couses stated a	bove. (1) (We) (did) (did not)	view the body after death.		
23A. SIGNATURE	(1/1.00)	2		2:	B. DATE SIGNED
	1 Helle	M.D. A	hys. Med. Director	Stoff Phys.	17.10166
23C. PHYSICIAN'S			23D. ADDRESS	11173,	11.4010
NAME (Type	111	1/0	ADDRESS A	HA! D	H
	JAVI	IR M.	2214 F. tas	elle II BR	11 H231 MA
A. BURIAL CREMA	TION, 24B. DATE	24C. NAME of CEMETERY as C	CREMATORY 24D./	OCATION (City.	town, or countyl (State)
REMOVAL (Spec	cify)		211-101	01	'A
BURIAL	7-19-66	ORX LAWNC	EMETERY 10	9450. (a, N	10.
SA. DATE REC'D BY	HEALTH DEPT. 258.	NAME OF REGISTRAL	25C. FUNERAL DIRECTO	R	ADDRESS
	JUL 19 1966 (P. O. R. S. Strabout	(1) LPICUE	NICON HAUSE	Dungar 1A
	1000	المحاصد عن محاصر	Carrie of	TERRE I WING	JONUALL, OU
S 150-REV. 1/1/65					



Such

a hospital and

BALTIMORE CITY HEALTH DEPARTMENT		BALTIMORE	CITY	HEALTH	DEPARTMENT
----------------------------------	--	-----------	------	--------	------------

		E CITY HEALTH DEPARTM		. 66 07326			
MRTH NO. 66 U7326	CERTIF	ICATE OF DEA	П	V .			
1. NAME OF DECEASED (Type or Print) Hobson G	reen		July 6, 1966	8:24 P.			
3. PLACE OF DEATH IN BALTIMORE, M	MARYLAND	4. USUAL RESIDENCE	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before aumission				
FULL NAME OF (If not in hospite HOSPITAL OR oddress or locating structure)	ol or institution, give street tion)	Maryland c. city or town		e RUBAL and give township)			
Provide	nt Hospital vision Street	Baltimore D. STREET ADDRESS		3-02			
Baltimon	re, Maryland	1334 N. I	Mount Street	·			
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (speci	B. DATE OF BIRTH	9. AGE (In years lost bighdoy)	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.			
tOA, USUAL OCCUPATION (Give kind of we done during most of working life, even if retired		Maryland	e or foreign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHERS NAME		14. MOTHER'S MAIL	DEN NAME				
15. Was Deceased Ever in U. S. Armed F (Yes, no arunknown) (If yes, give war of de	Forces? oles of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
NONE		EQNA B	ROWNLY 1334	+ N. MOUNI ST.			
DISEASE OR CONDITION C LEADING TO DEATI	DIRECTLY	Pround	rice	INTERVAL BETWEEN ONSET AND DEATH			
(This does not meon the mode of heart failure, asthenio, etc., It mean injury or complication which couse	ns the diseose,	Dely.	cation				
ANTECEDENT CAUSI	ES (B) DUE T	10					
DISEASES OR CONDITIONS, if rise to the obave couse (A UNDERLYING CONDITION last.							
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING	LATED TO THE						
19A. DATE OF OPERATION 198. CO	ONDITION FOR WHICH OPERATION ERFORMED	No	es of No. 20B. IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?			
O 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218. PLACE OF INJURY home, form, foctory, str	(e.g., in or obout 21C. WHERI reet, office bldg., INJURY OC	E DID (If in Boltim	nore City, give exact location)			
21 D. TIME (Month) (Doy) (Yeo OF INJURY (APPROX.)	While At No	et While Work	DID INJURY OCCUR?	la de la companya de			
22. I certify that (I) (this hospit	/		19 66 ta Ji				
that (I) (we) last saw the decea and have and fram the causes st				apinian death accurred an the dat			
23A. SIGNATURE	idled abave. (1) (we) (ala) (ala	ndi, view the bddy difer	oearn.	23B. DATE SIGNED			
Volan	mole M.C	Attending Med. Phys. Direct	or Stoff Phys.	717166			
23C. PHYSICIAM'S NAME (Type) Dr. Rami	nath	M.D. 1514 Divis	sion Street				
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY			(City, town, or county) (Stote)			
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL D	DIRECTOR WOLD THE	ADDRESS			

Parent County Indiana Indiana Indiana

Karyland

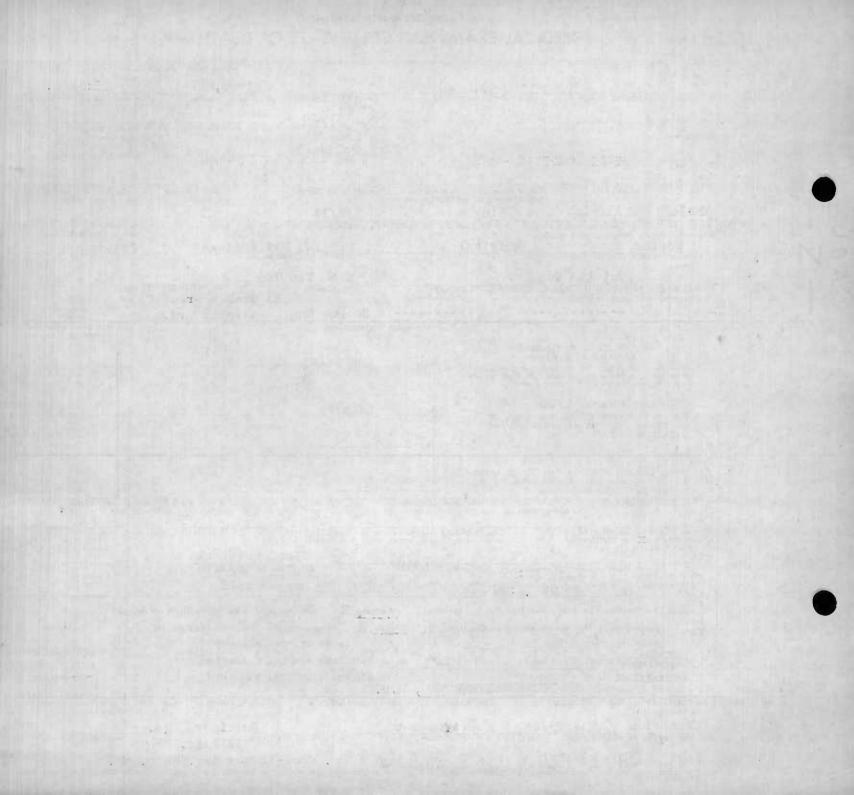
Or. Mannath

tangeti, married State

daly 6, 65 daly 6,

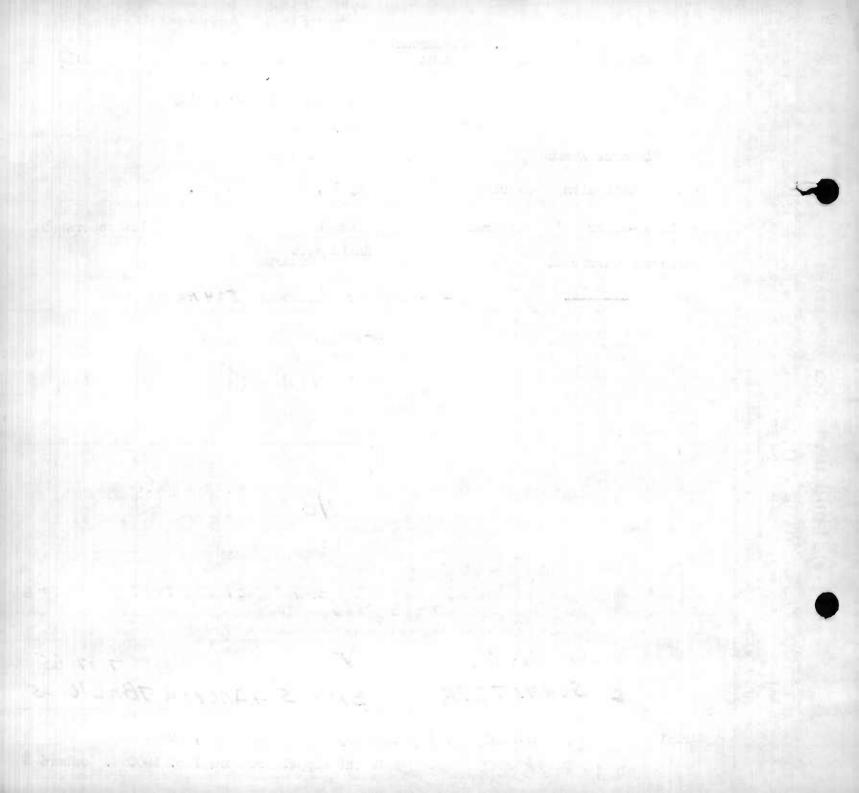
VS 151-REV. 1/1/65

1	66 U7327 BALTIMORE CITY HEA	LTH DEPARTMENT 66 U7327
T-500		ERTIFICATE OF DEATH Registered Na.
0 - 0 11	M.E. CASE NO.	
0-320	1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
	TONG PENG TAN ONG 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	July 8, 1966 11:55 A. M.
		A. STATE B. COUNTY Maryland
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	12/	Baltimore
	SINAI HOSPITAL - DOA	D. STREET ADDRESS (If rurol, give locotion)
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	Sinai Hospital B. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs.
	WIDOWED, DIVORCED(specify)	lost birthdoy) Months, Doys, Hours, Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	
	done during most of working life, even it retired) Docter Hospital	Minila, Philippines Philippines
	13. FATHER'S NAME	Minila, Philippines Philippines
	Sui Lin Ong	Siok Tin Tan
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	33 Brabch Brook P1
	No	So Hua Ong Newark, N.J.
	18. CAUS	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	A I
	(This does not mean the mode of duing a g (A)	Asphyxia
	heart failure, astheria, etc. It means the disease, injury or complication which coused death.)	
	ANTECENDENT CAUSES	Hanging
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
	(C)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED
	WAS PERFORMED	Yes Yes
	O UNDERLYING OR CONTRIB- home, form, foctory, street,	in or obout 21C. WHERE DID ((f in Boltimore City, give exact location) office bldg., INJURY OCCUR?
	TIOSPILAI	Sinai Hospital
	of injury Between 12:01	21F. HOW DID INJURY OCCUR? WHILE THE Hanged self
	(APPROX.) 7 8 166 11:00 WHILE AT X NOT AT V	
	I certify that I held an Inquiry Inspection Au	tapsy X and that an this basis, death in my apinian
	resulted from: Natural causes Accident Suicio	
	ACTUAL MANUFACTURE	CHIEF MEDICAL EXAMINER DATE SIGNED
		ASSISTANT MEDICAL EXAMINER \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	EXAMINER'S NAME (Type) RUDIGER BREITENECKER M.D	
TOTAL TILES	23A, BURIAL CREMATION, 23B. DATE 23C. NAME of COMETERY REMOVAL (Specify)	
	Cremation 7/20/66 Greenmount	Baltimore, Md.
	24A, DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR 1217 St. Paul ADDRESS
	JUL 19 1966 Role & E. Farley M.	Wm. Cook-Brooks Inc. Balt. Md.



5	45	51
5.51	hospital and use of death (5) Deceased	death. Such
•	octurred in a ontributing care ermined cause;	regular attenceased prior to is made.
RTANT	This certificate must be approved by the chief medical examiner or his assistant if death oxforred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased M	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the condeceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
OR: IMPO	niner or his as iner. Also, if racture of any	yular attenda embalmed or
FUNERAL DIRECTOR: IMPORTANT	f medical exam medical exam y burns; (3) A f	physician who ian was in reg e remains are
FUNE	red by the chie hospital by a nature; (2) Bod	apt where the I (6) No physic ined before the
•	must be approvileased to the cident of any r	hospital (except of death); and all must be obtained.
	This certificate the body was reshows: (1) An ac	was D.O.A. at a deceased prior written approve

			BALTIMORE CITY	HEALTH DEPARTMENT		00 117000
BIRTH NO.	66 07328		CERTIFICA	TE OF DEATH	Registered No.	66 07328
T D 7	CEASED Alexa Aleksey Neki	N. forow	Skrenchuk Skrenhuk	2. DATE A	y 18, 1966	7:30 A
PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (WI	here deceased lived. If in	astitution: residence before admissio
FULL NAME HOSPITAL OR INSTITUTION		n)	give streel	Maryland Balt c. ciw or town (1) o Baltimore	cimore, City outside city limits, write If rurol, give locotion)	
2-			ALEVED AAA DRIED	ļl		
Male	6. RACE Caucasian	Marrie		May 18, 1886	9. AGE (In years lost birthdoy) 90 yrs.	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
	UPATION (Give kind of work working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
Proprieto	or-owner	Taver	an	Russia	AAAE	1st papers USA
	w Skrenchuk			Antionette Unknown		
5. Was Decease Yes, no or unknow	d Ever in U. S. Armed For n) (If yes, give wor or dote	cos? es of service)	16. SOCIAL SECURITY NO. 219-16-5156	Vera Skrenchuk	524 MAVI	ADDRESS OEAVE.
1B. /	O , / SE OR CONDITION DI LEADING TO DEATH	RECTLY	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
UNDERLYIN OTHER SIGN	OR CONDITIONS, if ne abave cause (A) G CONDITION last.	slating the				
	CONDITION CAUSING	IT.	WHICH OPERATION	20A. AUTOPSY? (Yes or h	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y medicol exominer)		e, form, foctory, street, o	n or obout 21C, WHERE DID ffice bldg., INJURY OCCUR?	(II in Boltimore	e City, give exact location)
21D. TIME OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED		NJURY OCCUR?	
that (I) (we) last saw the decease	d alive an	he deceased fram	10.00		nion death accurred an the da
23A. SIGNAT	ure Eugene -			ending Med.	Stalf Phys.	7-17-66
PHYSICI NAME (Type E. SCH	NIT	ZER, M.D.	3904 5.4	HANOVER	SBALTO. 25
24A. BURIAL CR REMOVAL	EMATION, 24B. DATE (Specify)	24C. N	AME of CEMETERY OF CR	EMATORY 24D.	LOCATION (C	ly, lown, or county) (Stole)
Burial		1,66 Ho]	y Trinity Cem	25C. FUNERAL DIRECTO		ADDRESS
	JUL 19 1966	001	FE Falkyma	The Dippel B	rothers Inc.	1800 E. Lombard S
'S 150-REV. 1/1	/65			The same of the sa	b d	



	M.E. CASE NO.	CERTIFICATE OF DEATH Registered No.					
2-500	1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD					
	Dorothy Lane 3, PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	July 16, 1966 12:15 p.m. 14. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)					
	S, FEACE IN BALLIMONE MANIEAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY					
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURA) and give township)					
	809 Park Ave.	Baltimore // O					
	Baltimore, Maryland	D. STREET ADDRESS (II rurol, give locotion)					
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	809 Park Ave. B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, II Under 24 Hrs.					
	WIDOWED, DIVORCED(specify)	lost birthdoy) Months Doys Hours Min.					
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRE Idone during most of working life, even if refired)						
	Communion	Raltimore- Nd. USA					
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116, SOCIAL	17. INFORMANT ADDRESS					
	(Yes, na arunknawn) (If yes, give war ar dates of service) SECURITY NO.	Ars. Thomas Best					
	219-05-795 18. CAUS	FE OF DEATH					
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH					
	LEADING TO DEATH (A) Hyper	rtensive cardiovascular disease					
	hear failure, astheria, etc. It means the disease, injury ar camplication which caused death.)						
	ANTECENDENT CAUSES						
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO						
	UNDERLYING CONDITION LAST.						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE						
	DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED					
	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?					
	OUNDERLYING OR CONTRIB- hame, factory, street,	, in ar about 21C. WHERE DID (II in Baltimare City, give exact location) affice bldg., INJURY OCCUR?					
	UTING CAUSE OF DEATH.						
	OF INJURY						
		WHILE					
	I certify that I held an Inquiry Inspection Au	utopsy and that an this basis, death In my apinIon					
	resulted fram: Natural causes X Accident Suicle						
	ACTUAL 12 M Secolo	CHIEF MEDICAL EXAMINER X DATE SIGNED					
		D. ASSISTANT MEDICAL EXAMINER 7-17-66					
	EXAMINER'S Russell S. Fisher, M.D.	ASSOCIATE MEDICAL EXAMINER					
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME OF CEMETERY REMOVAL (Specify)	or CREMATORY 23D. LOCATION (City, tawn, or county) (State)					
	Burial 7-19-66 Loudon						
	Durial 7-19-66 Loudon I 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS					
	Burial 7-19-66 Loudon	24C. FUNERAL DIRECTOR ADDRESS					

we. wasting old . HVA 1912 THE compress of the contract of th

VS 150-REV. 1/1/65

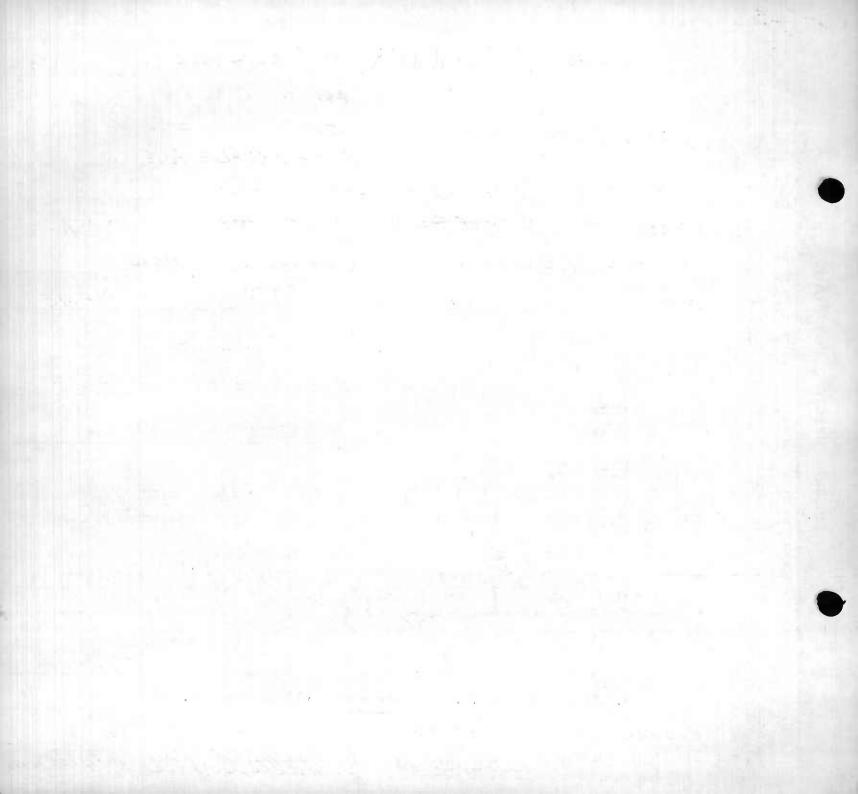
hurch Home + Hopp, 4820 Trues Tape Apr M White married 7-26-28 37 Truck Stiver Food Fair MC Mamie Marke PERIA Harry King and was a 215-20-388 P Fand Starker Starker Anaplastic translications 15 ancinoma July 12-66 Bronchogome Col 160 7-10 6-13-66 7-14 68 Carmela Stella Gusch Home x Hospilas

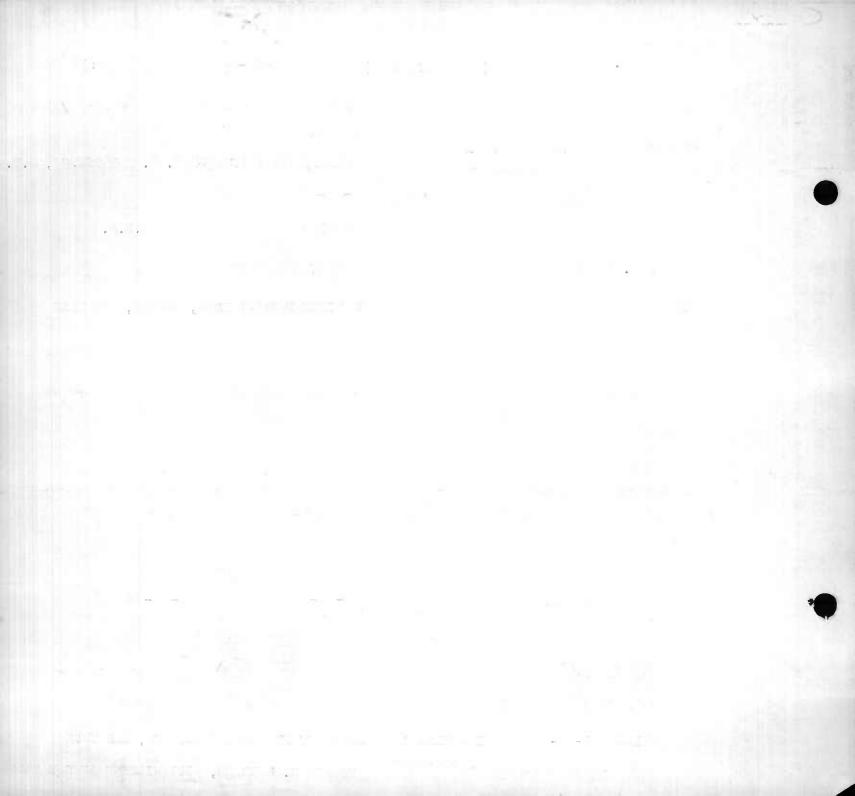
IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT





IMPORTANT

DIRECTOR:

FUNERAL

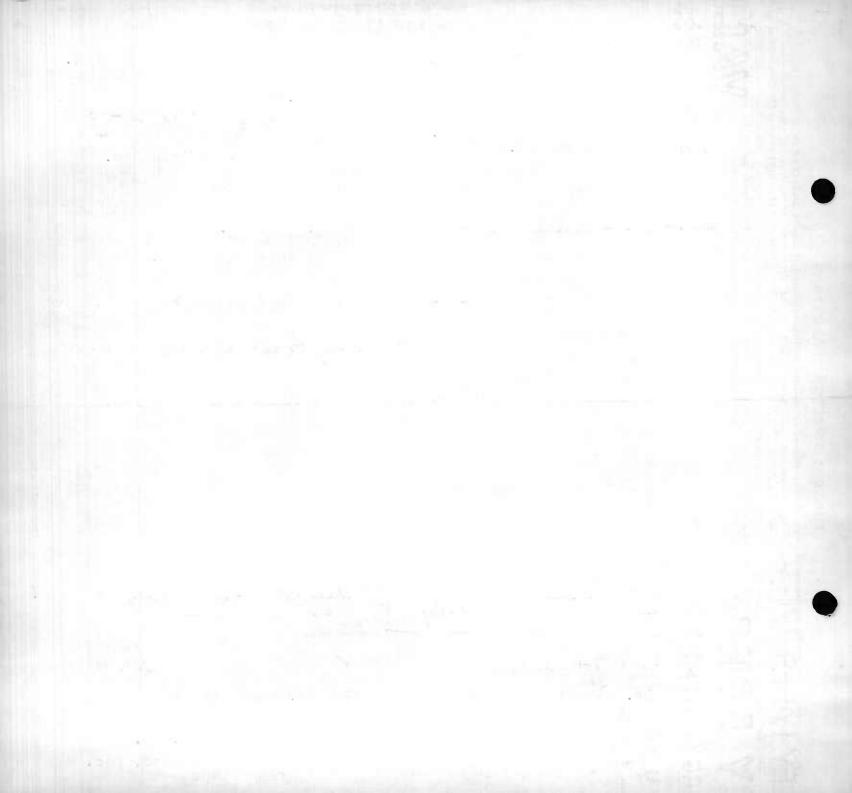
VS 150-REV. 1/1/65

Released by Medical Examiner 7/15/66

that the sea Commence Songs Till The Union Memorial Holy Tal Academ on the 92549 65 M White More at Myelogenus Acuteplenkemia CI Blooding 11 4550 11 0 151 0 14 and in a second

Condisc Arest Set Southern Handrings " " Kyp steasion MOISNOY TONK

				HEALTH DEPARTMEN		66 07336
BIRTH NO. M.E. CASE NO.	$= 66 \ 0733$	36	CERTIFICA	TE OF DEAT		
1. NAME OF DE		JOS	EPH BELZNER		e and hour of Death Ly 16, 1966	8 a.
3. PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE	Where deceased fived, If is	nstitution: residence belore admission
FULL NAME	OF (If not in hospital a	!		A. STATE B. C	OUNTY	
HOSPITAL OR			n, give street		If outside city limits white	PURAL ond giventownship)
1113111011011	3208 Cheste	rfie	ld Ave.		imore	5-03
00	Baltimore,			D. STREET ADDRESS	(If rural, give location)	1.7. 4
90	1				Chesterfiel	
male	6. RACE White	WIDOV	ED, NEVER MARRIED VED, DIVORCED (specify) Arried	3/16/1903	9. AGE (In years lost birthday) 63	If Under 1 Yr. If Under 24 Hr Months: Days Hours Min.
	UPATION (Give kind of work f working life, even if setired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	nger-Painter	S	elf-employed	Baltimore	e, Md.	
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME	
	John Belzn	er		Elizabe	eth Lawrence	
5. Was Decease	d Ever in U. S. Armed Form	es?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no	yes, give were or dole		218-01-4298	Elizabeth	(nee Heneka	a) wife, above
1B. ///	/ ₂ V I		CAUSE O	I	`	INTERVAL BETWEEN
DISEA	SE OR CONDITION DIR	ECTLY	2/	./		ONSET AND DEATH
471	LEADING TO DEATH	1.1	(A) Phe	umatio HeA	RT Diseas	e 64RS.
heoil failuie	not mean the mode of , osthenia, etc. Il means	the diseas	.g., DUE 10			/
injuly of co	mplication which coused	death.)				
	ANTECEDENT CAUSES		DUE TO		************************	
	OR CONDITIONS, if the obove cause (A)					
	IG CONDITION last.		()		***************************************	
¥ TO THE I	II NIFICANT CONDITIONS C DEATH BUT NOT RELA	TED TO	ING THE			
DISEASE OF	F OPERATION 198, CON		R WHICH OPERATION	20A. AUTOPSY? (Yes	or No) 208, IF YES, WERE	FINDINGS CONSIDERED
	WAS PERF				IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING DUTING CAUSE OF y medical examiner)	1	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)			e City, give exact location)
O	(Month) (Doy) (Year)	(Hour) 2	TE. INJURY OCCURRED	21F. HOW DIE	INJURY OCCUR?	
21 D. TIME OF INJURY			While At Not Whil	е		
			Work At Work	,	77 /	1 1 10 16
			d the deceased from	11	- 1	uly 18 1966
that (I) (we	rast saw the decease	d alive a	n July 8	19 <i>Q Q</i> or	d that in(my) (our) api	inian death occurred on the do
		ed abave	. (I) (We)-(did) (did not) v	iew the bady after de	oth.	
23A. SIGNAT	URE	. 1	/	andian = Annu =	31042	23B, DATE SIGNED
010	er Hime	efar	Phy		Stolf Phys.	July 18.1966.
PHYSICI NAME (Tynel	imel:		3501 St. 1	Paul Street	
	EMATION, 248. DATE	24C	NAME of CEMETERY OF CR	EMATORY 24	D. LOCATION (C	ity, town, or county) (State)
Buria		66	Raltimoro Ca	motory	Paltimore	Md
	D BY HEALTH DEPT.		Baltimore Ce	25C. FUNERAL DIRE	Baltimore,	ADDRESS
	JUL 19 1968	00	Br & Fra On MA	Schimunel	k Funeral Ho	ome, Inc.
/S 150-REV. 1/1		T VIAC	and an account of	3331 Br	ehms Lane	



Such

death.

prior

deceased

the

O

attendance

å

9

and

eath)

at a

the body

eceased 0.0

VS 150-REV. 1/1/65

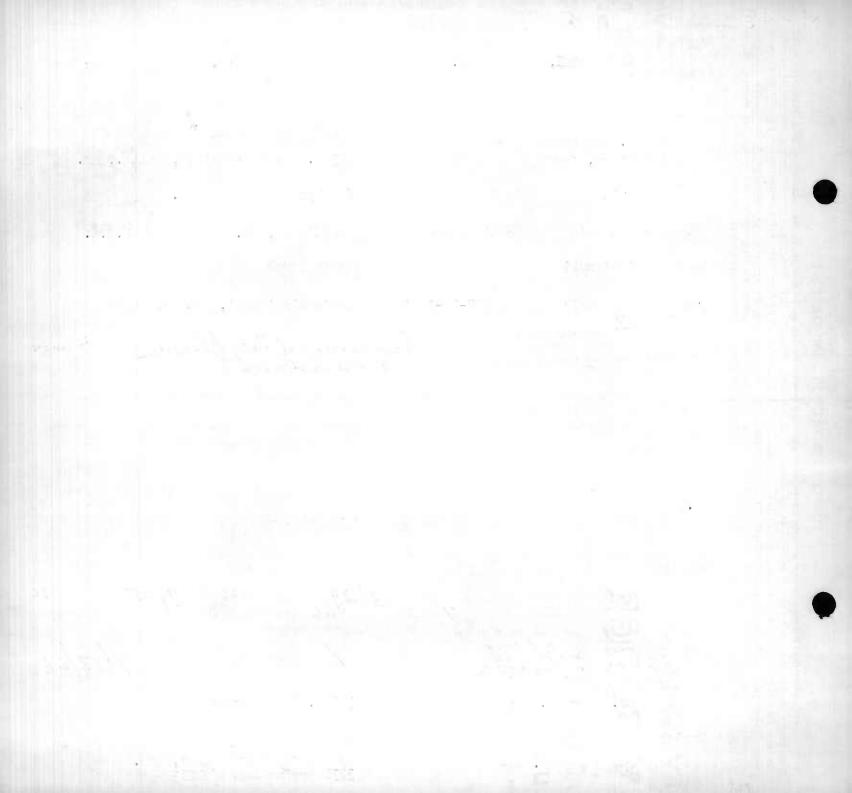
LO

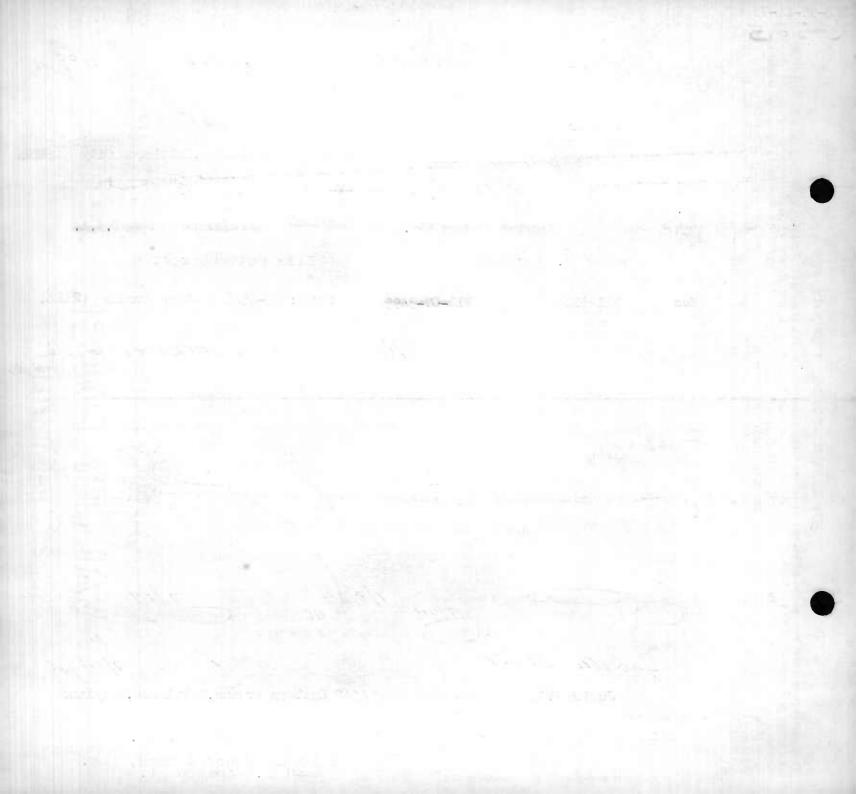
attendance cause

and death

BALTIMORE CITY HEALTH DEPARTMENT 66 07337 CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND I (Type or Print) WISNIEWSKI. JOSEPH Edmund July 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where de B. COUNTY Maryland FULL NAME OF HOSPITAL OR (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN (If outside INSTITUTION Baltimore 103 S. Rochester Place D. STREET ADDRESS Baltimore, Maryland 21224 103 S. Rocheste final disposition is mad MARRIED, NEVER MARRIED 8. DATE OF BIRTH 5. SEX WIDOWED, DIVORCED (specify) lost Single White 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign done during most of working life, even if retired) Baltimore, Md. Elevator Mechanic Westinghouse 13. FATHER'S NAME Charles Wisniewski Carrie Turek 15, Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 6. SOCIAL SECURITY NO. IIWW ves Carrie Wisniews CAUSE OF DEATH 0 DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not mean the made of dying, e.g., embai heart failure, asthenia, etc. It means the disease, regular injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. the remains Ш OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTIFIC 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 F. HOW DID INJURY 21E INJURY OCCURRED OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased fram that (1) (we) last saw the deceased alive on. and hour and from the causes stated abave. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE Attending Med. Phys. written approval Director Phy prior 23C. PHYSICIAN'S 23 D. ADDRESS NAME (Type S. Henry J. Houska 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CREMATORY REMOVAL (Specily) Holy Rosary Cemetery Schimunek Funer

egistered Na	66 07337
UR OF DEATH	
5. 1966	1 4:50 p /M.
eosed lived. If ins	stitution: residence before odmission)
	1-
ity limits, write R	URAL ond give township)
-	32
give location)	
Place.	Balto., Md. 21224
E (In years inhdoy)	If Under 1 Yr, If Under 24 Hrs. Months: Doys Hours Min,
	Months Doys Hours Min,
39 yrs.	12. CITIZEN OF
	WHAT COUNTRY?
	U.S.A.
	ADDRESS
, Mother	ahove
110 OHEL	INTERVAL BETWEEN
10	ONSET AND DEATH
of Pencis	y mos.
B	
V	
LIE VES WEDE E	SINDINGS CONSIDERED
I. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
	INDINGS CONSIDERED USES OF DEATH? City, give exact location)
(II in Boltimore	
(II in Boltimore	City, give exact location)
(II in Boltimore	City, give exact location)
(II in Boltimore	City, give exact location)
(II in Boltimore	
(II in Boltimore	City, give exoct locotion)
(II in Boltimore	City, give exoct locotion) 19 66 10 19 66 123B. DATE SIGNED
(II in Boltimore	City, give exoct locotion) 19 66 10 19 66 123B. DATE SIGNED
(II in Boltimore	City, give exoct locotion)
OCCUR?	City, give exact location) 19 6 6 10 10 death occurred on the date
(II in Boltimore	City, give exoct locotion) 19 66 10 19 66 123B. DATE SIGNED
(II in Boltimore OCCUR? (my) (our) opin	23B. DATE SIGNED
(II in Boltimore OCCUR? (my) (our) opin	City, give exoct locotion) 19 66 19 66 238. DATE SIGNED 7 / 8 / 6 6
(II in Boltimore	City, give exoct locotion) 19 66 19 66 238. DATE SIGNED 7 / 8 / 6 6





		CC B	2000	BALTIMORE CITY	HEALTH DEPARTMENT		00 07220
1111	H NO.	66 0'	/339	CERTIFICA	TE OF DEATH	Registered No.	66 07339
	AME OF DEC	EASED				ND HOUR OF DEATH	
(Тур	e or Print)	Murray, Sister	r Anna	(Annie)	July	17, 1966	9:50 P. M.
		The Michael	RYLAND		4. USUAL RESIDENCE (Whe	ere deceased lived. If in	stitution: residence before odmission)
ŀ	FULL NAME OF HOSPITAL OR NSTITUTION	OF (If not in hospital oddress or locatio	or institution,	give street	Maryland Bal	timore	RURAL and give township)
1) ,	4000 Fores	t Hill F	Road	Baltimore D. STREET ADDRESS (IF	2	-41
17	14	Baltimore,	Marylan	nd 21207	4000 Forest Hi	rurol, give locotion)	, (
5. S	EX	6. RACE		NEVER MARRIED D. DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs.
F	Temale	White			Oct. 18, 1887	78	
		UPATION (Give kind of worl working life, even if retired)	108. KIND OF	married BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
	leacher	working me, even in termed,	Daughte	er of Charity	Bantry, Irela	nd	U.S.A.
	FATHER'S NA	ME	Dadgiroc	or oner roy	14. MOTHER'S MAIDEN NA	ME	
1	Corneliu	s - Cork Cou	otar Tro	land	Manus Honnigan	. Comle Commi	Two loud
15.	Wos Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	Mary Horrigan	- Cork Coun	ADDRESS
(Yes	s, no or unknown	(If yes, give wor or dote	s of service)	SECURITY NO.			
-	no	1		none CAUSE O	Sister Andrea,	4000 Forest	HILL Road
	30	SE OR CONDITION DI	ECTLY	CAUSE O	r DEAIR		ONSET AND DEATH
	DISEA	LEADING TO DEATH	ECILI	Car	dio Vascular Co	llanse	2 days
		nal mean the mode of		DUE TO			The state of the s
		asthenia, etc. It means aptication which coused					2
		ANTECEDENT CAUSES		(B) Gen	eral Arterioscl	eros18	2 years
	DISEASES (OR CONDITIONS, if	any, giving	DOE 10			
		e above cause (A) G CONDITION last.	stoling the	(C)		======================================	
	ONDERLING						
MOLL	TO THE D	II IFICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING	TED TO TH				
ERTIFICATION	19A. DATE OF		DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes of N	20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
CER	21A. ACCIDE	NT WAS UNDERLYING	21 B	PLACE OF INJURY (e.g., in	n or obout 21C. WHERE DID	(If in Boltimore	e City, give exoct locotion)
AL.	OR CONTRIBL	NT WAS UNDERLYING DING CAUSE OF	hom etc.	ne, form, foctory, street, o	ffice bldg., INJURY OCCUR?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
EDIC	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID IN.	ILIBY OCCUR?	
ME	OF INJURY (APPROX.)			ile At Not Whil			
	22. I certify	that (1) (this haspital) ottended t	he deceased from	October	19 6) to	July 17. 1966 .
11							nion death accurred on the date
			red above. (l) (Wa) (did) (did not) v	riew the body after death.		
	23A. SIGNATU	TRE .	7/11/	2 A A D A H	andina	11042	23B. DATE SIGNED
	10.	Muall	Ulla		s. Med. Director	Stoff Phys.	July 18, 1966
	23C. PHYSICIA NAME (T	ype)	1		23D. ADDRESS	1	
		D.P. Ala	gia, M.	D. M.D.	33/0/1/1	Pollette	213
24A	REMOVAL	MATION, 248. DATE Specify)		AME of CEMETERY OF CRI			ity, town, or county) (Stote)
2SA	buri	BY HEALTH DEPT.			25C. FUNERAL DIRECTO	Emmitsburg,	Frederick Co. Md.
	J	UL 19 1966	Release	E. Sarbayma	Stewart & M	owen Co-108	3-W-North-Av-21201
VC	150-PEV 1/1/	23					

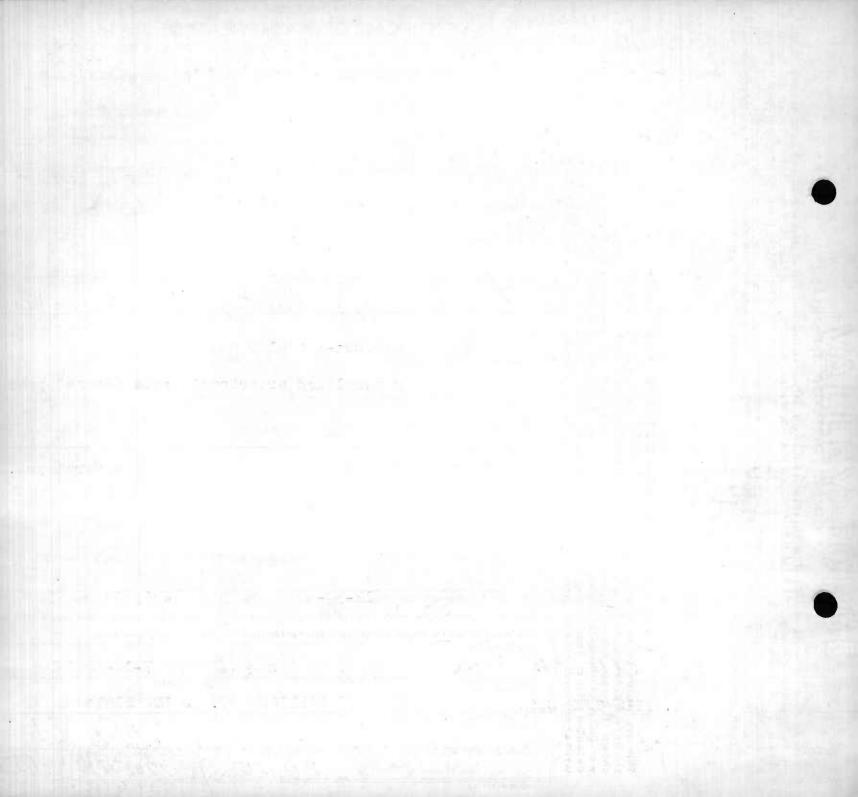
. . .

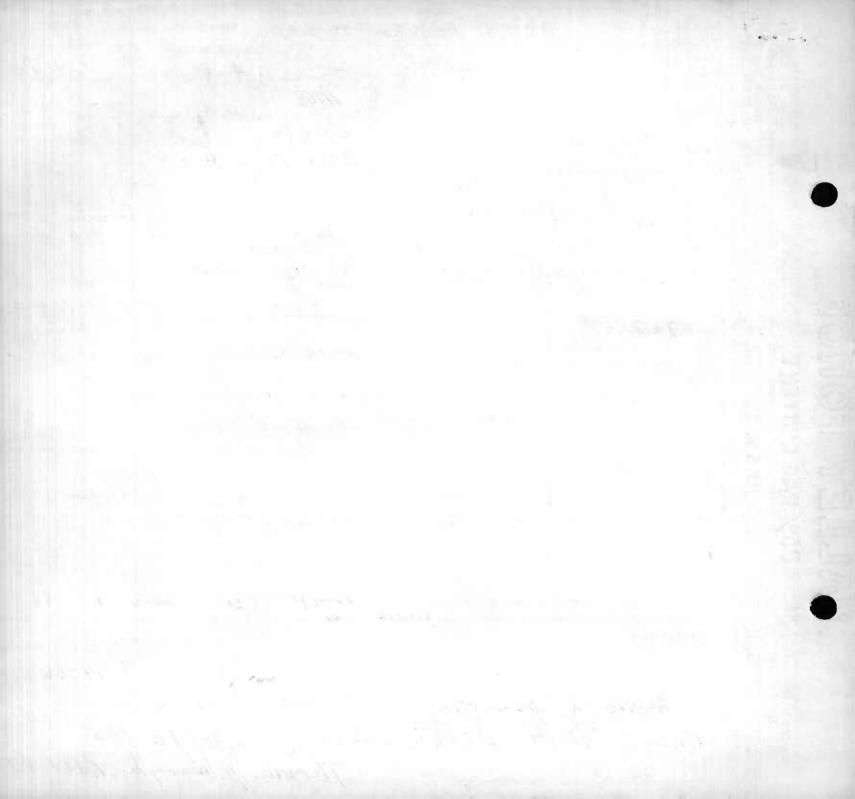
IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT





BIRTH NO.	66 0734	15		HEALTH DEPARTMENT		. 66 07342
M.E. CASE N 1. NAME OF (Type or Print)	DECEASED	EY, JAMES		2. DATE	AND HOUR OF DEAT	
3. PLACE OF	DEATH IN BALTIMORE MA		3 A.			6:55A M.
FULL NAM	AE OF (If not in hospital	t or institution, give	street	MARYLAND	UNTY	Howard
INSTITUTIO	ST. AGNES			SAVAGE D. STREET ADDRESS	(If rurol, give location)	te RURAL ond give township)
40			A 201 A 201		RCIAL STRE	ET
5. SEX MALE	6. RACE WHITE	7. MARRIED, NE WIDOWED, DE MARRIE	VER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during mo	OCCUPATION (Give kind of wo st of working life, even if retired) LEMAN			MARYLAND		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S				14. MOTHER'S MAIDEN	NAME	
	JAMES ROONEY			ANNIE	WHEELER	
YES	ased Ever in U.S. Armed Fo nown) (If yes, give wor or do WW 1	tes of service)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
1B. 4	20./ I		577076644 CAUSE OF		KECURDS -C.	ATON & WILKENS AV INTERVAL BETWEEN ONSET AND DEATH
heart fail injury ar DISEASE rise to	es nat mean the made a ure, asthenia, etc. It mean camplication which cause ANTECEDENT CAUSE S OR CONDITIONS, if the obove couse (A) YING CONDITION last.	s the disease, d death.) S any, giving	(B) DUE TO	novay Ir nere Cong, Seriscless	iensspicions in Henry Dr	ilu y
E TO THE	II SIGNIFICANT CONDITIONS E DEATH BUT NOT REL OR CONDITION CAUSING	ATED TO THE				
DI 19A. DATI	WAS PE	NDITION FOR WHI	CH OPERATION	NO NO	No) 20B. IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONT	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF notify medical examiner	21 B. PL. home. etc.)	ACE OF INJURY (e.g., in form, foctory, street, off	or obout 21C. WHERE DIE	(If in Bolting	nore City, give exact lacation)
OF INJUS	RY	(Hour) 21 E. IN While Work	At Not While		INJURY OCCUR?	
that (I) (tify that (I) (this hospite (we) lost saw the deceas r ond fram the couses sto	sed olive on	ULY 14	1966ond	that in (my) (our) o	JULY 14 19 66 , apinion death occurred on the date
23A. SIGN 23C. PHYS	Januel C.	Je mes	M.D. Atter	nding Med.	Stoff Phys.	23B. DATE SIGNED
24A. BURIAL REMOV. 25A. DATE RE	CREMATION, 24B. DATE AL (Specify) EC'D BY HEAVEN DET.	, 1966 En	e of CEMETERY of CRE		nevett, P	(City, town, or county) (Stote)
JU VS 150-REV.	L 19 1966 (2)	25B. NAME OF	alice M.D	hat the los	naldson 14	sawal Med.

Elignin to resize 1 in 2

ANALYSIS OF MARKET BUT DESIGNATION OF THE STATE OF THE ST

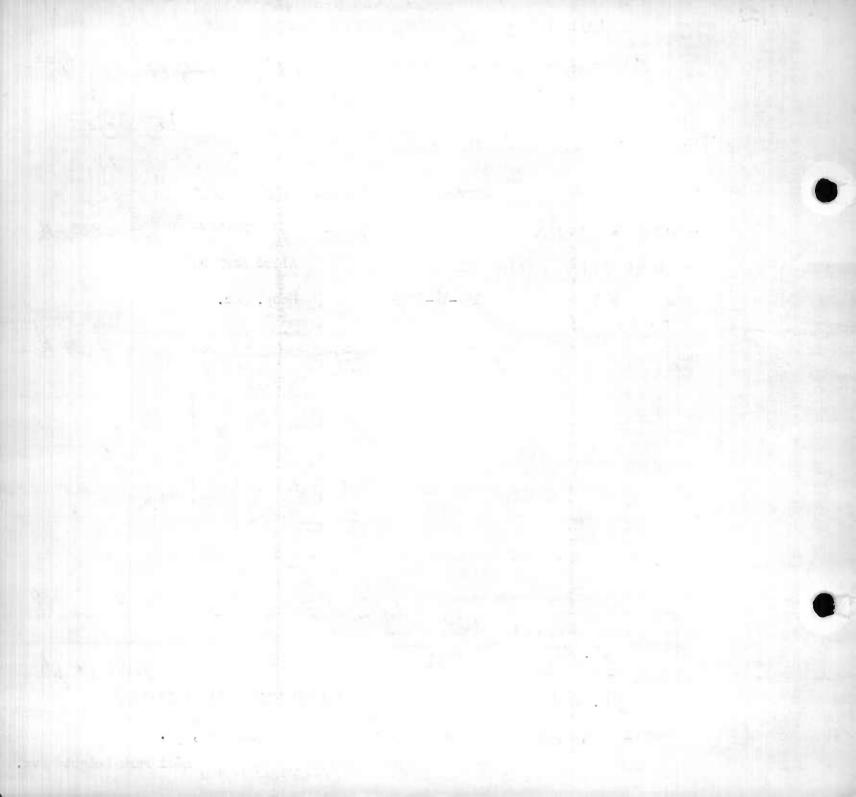
Come Company

TENEMIN D. LENNAM.

M.E. CASE NO.					TE OF DEATH Regi		9791
1. NAME OF D	ECEASED				2. DATE AND HOUR PRONOU		
	THE	ODORE C.			7-16-66		5 A. M.
3. PLACE IN BA	LTIMORE, MARYLAND, V	WHERE PRONOUN	NCED DEAD	A. STATE Marylan		institution: residence b	efore odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTITUT	TON, GIVE STREET		WN (If outside corporate limits	rite RURAL and give	to wnship)
153	21 W. Baltimor	re Street			RESS (If rurol, give locotion) Baltimore Street	t.	
5. SEX	6. RACE		VORCED (specify)	B. DATE OF BIRT			Under 24 Hrs.
Male	White	Marrie	_ ' '	Mar. 25.		_	riours i roun.
IOA. USUAL OC	CUPATION (Give kind of working life, even if retired)		BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COU	NTRY?
Paint	er			Baltin	ore, Md		
13. FATHER'S NA	ME			14. MOTHER'S M			
N. N. DECEA	orman France	D FORCES?	6. SOCIAL	17. INFORMANT	Lucille Ro	oney	
	(If yes, give wor or dot		SECURITY NO.	IV. IIVI OKIVIÇIVI		4408 Eldone	Rd.
No			219-10-9741	Mrs. J	oseph Principio		AL BETWEEN
		s the disease.				The second	
RISE TO TUNDERLY OTHER SITO THE DISEASE 19A. DATE C	ANTECENDENT CAUS OR CONDITIONS, IF AND	SES ANY, GIVING STATING THE SCONTRIBUTING ELATED TO TH	(C)	nging 20 A. AUTOPS	(? (Yes or No) 20B, IF YES, WERI	E FINDINGS CONSIDE AUSES OF DEATH?	RED
RISE TO TUNDERLY OTHER SH TO THE DISEASE 19A. DATE O 21A. EXTERN UNDERLYING UTING CA	ANTECENDENT CAUS OF CONDITIONS, IF, IF, IF, IF, IF, IF, IF, IF, IF, IF	SES ANY, GIVING STATING THE S CONTRIBUTING ELATED TO TH G IT. NDITION FOR W RFORMED 218, PL home, etc.)	GE HICH OPERATION ACE OF INJURY (e.g., form, foctory, street, the	20A. AUTOPSY NO in or obout 21C. V	IN CERTIFYING C	AUSES OF DEATH?	RED
RISE TO TUNDERLY OTHER SITO THE DISEASE 19A. DATE COUNTING CA 21D TIME OF INJURY	ANTECENDENT CAUS OR CONDITIONS, IF HE ABOVE CAUSE (A) S HING CONDITION LAST. III GNIFICANT CONDITIONS DEATH BUT NOT RI OR CONDITION CAUSIN OF OPERATION OF OPERATION AL CAUSE WAS SMOR CONTRIB- USE OF DEATH. (Month) (Day) (Year	SES ANY, GIVING STATING THE SCONTRIBUTING ELATED TO TH IG IT. NDITION FOR W RFORMED 218, PL home, etc.) (Hour) 218	DUE TO (C)	20A. AUTOPSI NO in or obout 21C. Voffice bldg. INJUR	WHERE DID (If in Boltimore City occur? 1521 W. Baltimore OW DID INJURY OCCUR?	AUSES OF DEATH?	RED
RISE TO TUNDERLY OTHER SITO TO THE DISEASE 19A. DATE OF INJURY (APPROX.)	ANTECENDENT CAUS OR CONDITIONS, IF HE ABOVE CAUSE (A) S HING CONDITION LAST. II GNIFICANT CONDITIONS DEATH BUT NOT RI OR CONDITION CAUSIN OF OPERATION 198. COI WAS PEI AL CAUSE WAS SMOR CONTRIB- USE OF DEATH.	SES ANY, GIVING STATING THE SCONTRIBUTING ELATED TO TH IG IT. NDITION FOR W RFORMED 218, PL home, etc.) (Hour) 218	DUE TO (C)	20A. AUTOPSI NO in or obout 21C. Voiffice bldg. NJUR	WHERE DID (If in Boltimore City occur?) 1521 W. Baltimore	AUSES OF DEATH?	RED
RISE TO TUNDERLY OTHER SITO THE DISEASE 19A. DATE COUNDERLYING UNDERLYING UNDERLYING UNDERLYING OF INJURY (APPROX.) 22.	ANTECENDENT CAUS OR CONDITIONS, IF HE ABOVE CAUSE (A) S HING CONDITION LAST. III GNIFICANT CONDITIONS DEATH BUT NOT RI OR CONDITION CAUSIN OF OPERATION OF OPERATION AL CAUSE WAS SMOR CONTRIB- USE OF DEATH. (Month) (Day) (Year	SES ANY, GIVING STATING THE SCONTRIBUTING ELATED TO TH G IT. NDITION FOR W RFORMED 218, PL home, etc.) ? m. WW	G E HICH OPERATION ACE OF INJURY (e.g., form, foctory, street, c. HOme E. INJURY OCCURRED HILE AT NOT ORK Inspection X Aut	20 A. AUTOPS) NO in or obout 21 C. Voffice bldg. INJUR WHILE X H topsy on	WHERE DID (If in Boltimore City occur? 1521 W. Baltimore OW DID INJURY OCCUR?	AUSES OF DEATH? (, give exact locotion) E Street	RED
RISE TO TUNDERLY OTHER SITO TO THE DISEASE 19A. DATE OF INJURY (APPROX.) 22. I ce	ANTECENDENT CAUSE (A) SOR CONDITIONS, IF A BOVE CAUSE (A) STING CONDITION LAST. III GNIFICANT CONDITION SPECIAL PROPERTY OF CAUSE WAS ALL CAUSE WAS PEINGE OF DEATH. (Month) (Day) (Yee) 7 16 166	SES ANY, GIVING STATING THE SCONTRIBUTING ELATED TO TH IG IT. NDITION FOR W RFORMED 218, PL home, etc.) (Hour) 218, WW WG Inquiry	DUE TO (C)	20 A. AUTOPS) In or obout 21 C. Voorfice bldg. INJUR 21 F. H WHILE X H topsy On Homici	IN CERTIFYING C WHERE DID (If in Boltimore City Y OCCUR? 1521 W. Baltimore OW DID INJURY OCCUR? anged self d that on this basis, death if ide Undetermined ma	AUSES OF DEATH? y, give exact locotion) e Street in my apInIon	RED
RISE TO TUNDERLY OTHER SITO THE DISEASE 19A. DATE OF INJURY (APPROX.) 22. I ce	ANTECENDENT CAUSE (A) SOR CONDITIONS, IF HE ABOVE CAUSE (A) STING CONDITION LAST. III GNIFICANT CONDITION SOR CONDITION CAUSIN DEATH BUT NOT RIGHT OF OPERATION 198, COINTED-LUSE OF DEATH. (Month) (Day) (Yes To be a string of the string o	SES ANY, GIVING STATING THE SCONTRIBUTING ELATED TO TH IG IT. NDITION FOR W RFORMED 218, PL home, etc.) (Hour) 218, WW WG Inquiry	DUE TO (C)	20A. AUTOPS: NO in or obout 21C. No office bldg., NJUR 21F. H WHILE X H topsy on Ie X Homici CHIEF M	IN CERTIFYING C WHERE DID (If in Boltimore City Y OCCUR? 1521 W. Baltimore OW DID INJURY OCCUR? anged self d that on this bosis, death if ide Undetermined ma	AUSES OF DEATH? y, give exact locotion) e Street in my apinion anner	RED
RISE TO TUNDERLY OTHER SITO TO THE DISEASE 19A. DATE COMPANY 21A. EXTERN UNDERLYING CA 21A EXTERN OF INJURY (APPROX.) 22. 1 ce	ANTECENDENT CAUSE OR CONDITIONS, IF ABOVE CAUSE (A) STING CONDITION LAST. III GNIFICANT CONDITION CAUSIN OF OPERATION 198. COI WAS PEI AL CAUSE WAS STOR CONTRIB- LUSE OF DEATH. (Month) (Day) (Yee 7 16 66 Pertify that I held on ulted from: Natural co	SES ANY, GIVING STATING THE SCONTRIBUTING ELATED TO TH IG IT. NDITION FOR W RFORMED 218, PL home, etc.) (Hour) 218, WW WG Inquiry	DUE TO (C)	20A. AUTOPSY NO in or obout 21C. Y office bldg. INJUR 21F. H WHILE X H topsy on Ie X Homici CHIEF M ASSISTANT M	IN CERTIFYING C WHERE DID (If in Boltimore City OCCUR? 1521 W. Baltimore OW DID INJURY OCCUR? anged self d that on this basis, death if ide Undetermined management EDICAL EXAMINER X EDICAL EXAMINER	AUSES OF DEATH? y, give exact locotion) E Street in my aplnlon anner DAT	E SIGNED
RISE TO TUNDERLY OTHER SITO TO THE DISEASE 19A. DATE COUNTY 21A. EXYERN UNDERLYING UTING CA 21D TIME OF INJURY (APPROX.) 22. I ce rest ACTU, SIGNA EXAMI	ANTECENDENT CAUSE (A) SOR CONDITIONS, IF HE ABOVE CAUSE (A) STING CONDITION LAST. III GNIFICANT CONDITION LAST. OF OPERATION 198, CONDITION CAUSIN DE CONDITION CAUSIN DE CONDITION CAUSIN DE CONDITION CAUSIN DE CONDITION (Mas PEI AL CAUSE WAS	SES ANY, GIVING STATING THE S CONTRIBUTING ELATED TO TH G IT. NDITION FOR W RFORMED 218, PL home, etc.) 7 m. WC Inquiry Dusses Ac	DUE TO (C)	20A. AUTOPSY NO in or obout 21C. Y office bldg. INJUR 21F. H WHILE X H topsy on Ie X Homici CHIEF M ASSISTANT M	IN CERTIFYING C WHERE DID (If in Boltimore City Y OCCUR? 1521 W. Baltimore OW DID INJURY OCCUR? anged self d that on this bosis, death if ide Undetermined ma	AUSES OF DEATH? y, give exact locotion) E Street in my aplnlon anner DAT	
RISE TO TUNDERLY OTHER SITO TO THE DISEASE 19A. DATE COMPRESION 21A. EXTERN UNDERLYING UTING CA 21D TIME OF INJURY (APPROX.) 22. I ce rest ACTU, SIGNA EXAMI	ANTECENDENT CAUS OR CONDITIONS, IF AND ANTECENDENT CAUSE (A) STING CONDITION LAST. III GNIFICANT CONDITION CAUSIN OF OPERATION 198, COI WAS PEI AL CAUSE WAS SELOR CONTRIB- USE OF DEATH. (Month) (Day) (Year Thirty that I held on culted from: Natural Cause	SES ANY, GIVING STATING THE SCONTRIBUTING ELATED TO TH GIT. NDITION FOR W RFORMED 218, PL home, etc.) 7 m. WC Inquiry Ousses Ac L S. FISH	DUE TO (C)	20A. AUTOPSI NO in or obout 21C. V office bldg. INJUR 21F. H WHILE X H topsy on CHIEF M ASSISTANT M ASSOCIATE M	WHERE DID (If in Boltimore City OCCUR? 1521 W. Baltimore OW DID INJURY OCCUR? anged self d that on this basis, death if the Undetermined managed EDICAL EXAMINER EDICAL EXAMINER INTERIOR INTERI	AUSES OF DEATH? y, give exact locotion) E Street in my aplnlon anner DAT	E SIGNED
RISE TO TUNDERLY OTHER SITO TO THE DISEASE 19A. DATE CO 21A. EXTERN UNDERLYING UTING CA 21A CTUN SIGNA EXAMI NAME 23A. BURIAL CR REMOVAL (Spec	ANTECENDENT CAUSE OR CONDITIONS, IF ABOVE CAUSE (A) SING CONDITION LAST. III GNIFICANT CONDITION CAUSIN OF OPERATION 198, COI WAS PEI AL CAUSE WAS SMOR CONTRIB- LUSE OF DEATH. (Monith) (Day) (Yet) 7 16 66 Pertify that I held on culted from: Natural Cause WAL TURE (Type) RUSSELI IMPR'S (Type) RUSSELI IMPR'S III III III III III III III III III I	SES ANY, GIVING STATING THE SCONTRIBUTING ELATED TO TH IG IT. NDITION FOR W RFORMED 218, PH home, etc.) 1 muses Ac L S. FISH 23C.	DUE TO (C)	20A. AUTOPSY NO in or obout 21C. V office bldg. NJUR 21F. H WHILE X H topsy on CHIEF M ASSISTANT M ASSOCIATE M or CREMATORY	IN CERTIFYING C WHERE DID (If in Boltimore City OCCUR? 1521 W. Baltimore OW DID INJURY OCCUR? anged self d that on this bosis, death if ide Undetermined mo EDICAL EXAMINER EDICAL EXAMINER AEDICAL EXAMINER (I) 123D. LOCATION (C) Ellicott (C)	AUSES OF DEATH? y, give exact locotion) E Street In my apinion DAT 7-1 City, town, or county)	E SIGNED 6=66 (Stote)
RISE TO TO THE SITO THE DISEASE TO T	ANTECENDENT CAUSE (A) SOR CONDITIONS, IF A BOVE CAUSE (A) SING CONDITION LAST. III GNIFICANT CONDITION SOR CONDITION CAUSIN DEATH BUT NOT RIOR CONDITION CAUSIN DEATH BUT NOT RIOR CONDITION CAUSIN DEATH BUT NOT RIOR CONDITION CAUSIN DEATH CONDITION CAUSE OF DEATH. (Monith) (Day) (Yet 7 16 66 Pertify that I held on culted from: Natural Condition Cause Was pell and the condition of the conditio	SES ANY, GIVING STATING THE SCONTRIBUTING ELATED TO TH IG IT. NDITION FOR W RFORMED 21B, PL home, etc.) 7 m. WC L S. FISH 23C. 24B, NAME O	DUE TO (C)	20A. AUTOPSY NO in or obout 21C. V office bldg. NJUR 21F. H WHILE X H topsy on CHIEF M ASSISTANT M ASSOCIATE M or CREMATORY	WHERE DID (If in Boltimore City OCCUR? 1521 W. Baltimore OW DID INJURY OCCUR? anged self d that on this basis, death if the Undetermined managed EDICAL EXAMINER EDICAL EXAMINER INTERIOR INTERI	AUSES OF DEATH? y, give exact locotion) E Street in my aplnlon anner DAT 7-1 City, town, or county)	E SIGNED 6=66 (Stote)

Ct. 17 1501, 1501, 151 t (nia) . No tenne La factor . w. bout it is keeper to diment and the conference of and was the army a consideration.

BIRTH	H NO.	166 20	7344	CEDTIFIC	ATE OF DEATH	Registered No	. 66 0734	a
M.E.	CASE NO.	+1000-	28 A2	ECCENTIFICA		ND HOUR OF DEAT	TH.	
(Тур	e or Print)	RAUGE	1 Tall	1 = WANC	106	L Tul	1/2	22
3. PI	LACE OF DEATH	IN BALTIMORE, A	MARYLAND	CVANS	14. USUAL RESIDENCE (WH	ere deceased lived if	f institution; residence before	odn
					A. STATE B. COU	NTY		
	ULL NAME OF	(If not in hospit	tol or institution, g	ive street	C. CITY OR TOWN (1)			
	STITUTION				C. CITY OR LOWN (III o	utside city limits, will	RURAL ond give townshi	p)
4	10-11-15	m. H.	1. O. 1	Hospital	D. STREET ADDRESS (I	f rurol, give location)	3-05	
1	ne whi	on them	once !	largenal	0.100	isterates	PLY RD	
5. SI	EX 6. F	RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Ur	der 2
1	cale	welsto.		DIVORCED (specify)	03-02-08	lost birthdoyl	Months Doys Hours	1
10A.	USUAL OCCUPA	TION (Give kind of w		BUSINESS OR INDUSTR		reign country)	12. CITIZEN OF	-
		ting lite, even if retire	d) A		ma and	to one in	WHAT COUNTRY	11 4
	HRIRD ATHERS NAME	1-1-C10	N		14. MOTHER'S MAIDEN N.	1000000	, AMERIC,	41
130 1	AIRERS NAME							
	ALB,4U		JOHIN,	E		Mary Dodd		
15. V (Yes,	Vas Deceosed Eve	er in U. S. Armed yes, give wor or d	Forces? lotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	yes	W 2		144-14-6373	Hosp.	Rec.		
	18. df 30.	/ 1		CAUSE	OF DEATH		INTERVAL BET	
		OR CONDITION			1	1	UNSEI AND	JEA!
		ADING TO DEAT		(A)	Seple s	hock	8-7	h
	heart failure, ast	mean the mode		DUE TO		M/)		
		memo, erc. ii inco	ms me diseuse,		mand Klinks			
		calian which caus			Septie s pors, acute	11.1.		
	injuly or complic		sed death.)	(B)	(pors, aux	17.1. /		*****
	AN1 DISEASES OR	calian which caus TECEDENT CAUS CONDITIONS, i	sed death.) SES if any, giving	DUE TO	*			da so es de El es de 1
	AN1 DISEASES OR	CONDITIONS, in process of the court of the c	sed death.) SES if any, giving	DUE TO	(pors, alue			
	AN1 DISEASES OR use to the co	CONDITIONS, in process of the court of the c	sed death.) SES if any, giving	DUE TO	*			
-	Injuly or complic ANT DISEASES OR lise to the c UNDERLYING C	CONDITIONS, in the constitution of the constitution of the constitution of the conditions of the condi	sed death.) SES if any, giving A) sloting lhe	(B) DUE TO	*			10 10 10 10 10 10 10 10 10 10 10 10 10 1
ATION	DISEASES OR sise to the country of t	TECEDENT CAUS CONDITIONS, in the control of the con	sed death.) SES if any, giving A) sloting the CONTRIBUTING	(B) DUE TO	*			d a cord a cr
ATION	DISEASES OR IIISE IO THE CUNDERLYING COTHER SIGNIFICATORY TO THE DEAT DISEASE OR CO	CONDITIONS, in the course of the course of the course of the course of the conditions of the course	sed death.) SES if any, giving A) sloting lhe CONTRIBUTING ELATED TO THE	(B) DUE TO	*		RE FINDINGS CONSIDERED CAUSES OF DEATH?	
ERTIFICATION	DISEASES OR UNDERLYING COTHER SIGNIFICATORY TO THE DEAT DISEASE OR COI	CONDITIONS, in obove cause (A ONDITION lost, ONDITION lost, ONDITION STHERM BUT NOT RINDITION CAUSING PRATION 198. COMMAS P	sed death.) SES if any, giving A) sloting the CONTRIBUTING ELATED TO THE G IT. ONDITION FOR W PERFORMED	(B) DUE TO (C) (HICH OPERATION	20A. AUTOPSY? (Yes or h	No) 20B. IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?	
L CERTIFICATION	OTHER SIGNIFICATO THE DEAT DISEASE OR COIDERLYING CONTRIBUTION OR CONTRIBUTION	CONDITIONS, in obove cause (ACONDITION Iost, CONDITION Iost, CONDITION IOST, CONDITION CAUSING CERATION 198. COWAS P	SES If any, giving A) sloting lhe CONTRIBUTING ELATED TO THE G IT. ONDITION FOR WERFORMED	(B) DUE TO (C) /HICH OPERATION		No) 20B. IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?	
CAL CERTIFICATION	OTHER SIGNIFICATOR THE DISEASE OR COINCIDENT OF OP	CONDITIONS, in obove cause (ACONDITION Iost, CONDITION Iost, CONDITION IOST, CONDITION CAUSING CERATION 198. COWAS P	SES if any, giving the state of the state o	(B) DUE TO (C) /HICH OPERATION	20A. AUTOPSY? (Yes or I	No) 20B. IF YES, WER		
DICAL CERTIFICATION	OTHER SIGNIFICATO THE DEAT DISEASE OR COIDEAL TO THE DEAT DISEASE OR COIDEAT OR CONTRIBUTING CON	CONDITIONS, in obove cause (ACONDITION Iost, CONDITION Iost, CONDITION IOST, CONDITION CAUSING CERATION 198. COWAS P	SES if any, giving the CONTRIBUTING ELATED TO THE GIT. ONDITION FOR WERFORMED 218. home etc.)	(B) DUE TO (C) /HICH OPERATION	20A. AUTOPSY? (Yes or I	lo) 208. IF YES, WER IN CERTIFYING (
AEDICAL CERTIFICATION	OTHER SIGNIFICATOR THE DEAT OF CONTRIBUTION DEATH (notify me	CONDITIONS, in the course of the course of the course of the course of the conditions of the course	SES if any, giving the CONTRIBUTING ELATED TO THE GIT. ONDITION FOR WERFORMED 218. home etc.) on) (Hour) 21E.	(B) DUE TO (C) PLACE OF INJURY (e.g., form, foctory, street, injury Occurred e At Not Wh	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	lo) 208. IF YES, WER IN CERTIFYING (
MEDICAL CERTIFICATION	OTHER SIGNIFICATOR TO THE DEAT DISEASE OR COIL TO THE DEAT DISEASE OR COIL TO THE DEAT OR CONTRIBUTION OR CONTRIBUTION DEATH (notify me 21 D. TIME OF INJURY (APPROX.)	CONDITIONS, in the course of the course of the course of the course of the conditions of the course	SES if any, giving the Second	(B) DUE TO (C) (C) PLACE OF INJURY (e.g., form, foctory, street, INJURY OCCURRED E At Not Wh	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	No) 208. IF YES, WER IN CERTIFYING ((If in Bolting	nore City, give exact location	n)
MEDICAL CERTIFICATION	OTHER SIGNIFICATOR TO THE DEAT DISEASE OR COIL 19A. ACCIDENT OR CONTRIBUTING CONTRI	CONDITIONS, in the course of t	SES if any, giving the state of the state o	/HICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, injury Occurred at Work	in or obout 21C. WHERE DID office bidg., INJURY OCCUR?	(If in Bolting	nore City, give exact location	n)
MEDICAL CERTIFICATION	OTHER SIGNIFICATOR CONTRIBUTION DEATH (notify me 21 D. TIME OF INJURY (APPROX.) 1 AND	CONDITIONS, in the constitution of the conditions of the conditions of the conditions of the conditions of the condition of t	SES If any, giving A) sloting the CONTRIBUTING ELATED TO THE GIT. ONDITION FOR W PERFORMED 21B. hometc.) on (Hour) 21E. Whill worl tol) ottended the	/HICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, INJURY OCCURRED to A1 World	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Bolting that in (my) (aur) a	nore City, give exact location	19_(
MEDICAL CERTIFICATION	OTHER SIGNIFICATO THE DEAT DISEASE OR COIDERLYING CONTRIBUTION DEATH (notify me 21D. TIME (APPROX.) 21. A CCIDENT TO CONTRIBUTION DEATH (notify me 21D. TIME (APPROX.) 22. I certify that (H) (we) last and hour and from	CONDITIONS, is obove cause (ACONDITIONS). II ANT CONDITION ST. BUT NOT RINDITION CAUSING PERATION 198. COWAS P. WAS UNDERLYING IG CAUSE OF redicel exomined. Anoth) (Doy) (Yester St. Cause of Course).	SES if any, giving A) sloting the CONTRIBUTING ELATED TO THE G IT. ONDITION FOR W PERFORMED 218. hometc.) on) (Hour) 21E. Whill worl tol) ottended the ased alive an	/HICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, linjury Occurred At Wor e deceased from	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Bolting that in (my) (aur) a	nore City, give exact location	n)
MEDICAL CERTIFICATION	OTHER SIGNIFICATOR CONTRIBUTION DEATH (notify me 21 D. TIME OF INJURY (APPROX.) 1 AND	CONDITIONS, in the constitution of the conditions of the conditions of the conditions of the conditions of the condition of t	SES if any, giving the stated abave.	PLACE OF INJURY (e.g., form, foctory, street, Not What Work at Work at Work (did) (did at)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID IN the bady after death	OD 20B. IF YES, WER IN CERTIFYING (If in Bolting IJURY OCCUR?	pinion death accurred	n)
MEDICAL CERTIFICATION	OTHER SIGNIFICATOR THE DEAT DISEASE OR CONTRIBUTION OR CONTRIBUTION DEATH (APPROX.) 21 A. ACCIDENT OR CONTRIBUTION DEATH (notify me contribution of injury (APPROX.) 22 A. Certify the that (H) (we) last and hour and from the contribution of the	CONDITIONS, in the course of t	SES if any, giving A) sloting the CONTRIBUTING ELATED TO THE G IT. ONDITION FOR W PERFORMED 218. hometc.) on) (Hour) 21E. Whill worl tol) ottended the ased alive an	/HICH OPERATION PLACE OF INJURY (e.g., e, form, foctory, street, At Work (a) (did and) CHOI (did) (did and)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID IN the standard of the st	(If in Bolting that in (my) (aur) a	nore City, give exact location	n)
MEDICAL CERTIFICATION	OTHER SIGNIFICATO THE DEAT DISEASE OR COIDERLYING CONTRIBUTION DEATH (notify me 21D. TIME (APPROX.) 21. A CCIDENT TO CONTRIBUTION DEATH (notify me 21D. TIME (APPROX.) 22. I certify that (H) (we) last and hour and from	CONDITIONS, in the cause (ACONDITION IN CONDITION IN COND	SES if any, giving the stated abave. While the stated abave.	/HICH OPERATION PLACE OF INJURY (e.g., e, form, foctory, street, e At At Work (did) (did and) CHOI M.D. A	in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID IN the bldg., INJURY occurs and the bldg.	(If in Bolting to ta)	pinion death accurred	19_(
MEDICAL CERTIFICATION	OTHER SIGNIFICATOR THE DEAT DISEASE OR COIDERLYING CONTRIBUTION DEATH (notify me 21 D. TIME (APPROX.) 21 Certify that (HY (we) last and hour and from the contribute of the c	CONDITIONS, in the cause (ACONDITION IN CONDITION IN COND	SES if any, giving the stated abave. While the stated abave.	/HICH OPERATION PLACE OF INJURY (e.g., e, form, foctory, street, At Work (a) (did and) CHOI (did) (did and)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID IN the blood of the blood o	(If in Bolting to ta)	nore City, give exoct locotions Ly 4 appinion death accurred a 238, DATE SIGNED July 14	19_(
MEDICAL CERTIFICATION	OTHER SIGNIFICATOR THE DEAT DISEASE OR CONTRIBUTION DEATH (notify me 21A, ACCIDENT OR CONTRIBUTION DEATH (notify me 21A, SIGNATURE 23A, SIGNATURE 23C. PHYSICIAN'S NAME (Type)	CONDITIONS, in the cause of the	SES If any, giving A) sloting the CONTRIBUTING ELATED TO THE GIT. ONDITION FOR W PERFORMED 218. home etc.) on) (Hour) 21E. Whill Worl tol) oftended the ased alive an	/HICH OPERATION PLACE OF INJURY (e.g., e, form, foctory, street, e At At Work (did) (did and) CHOI M.D. A	in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID IN itle Life	ODE TO THE STATE OF THE STATE O	nore City, give exoct locotions Ly 4 appinion death accurred a 238, DATE SIGNED July 14	19 (6)
MEDICAL CERTIFICATION	OTHER SIGNIFICATO THE DEAT DISEASE OR COIDERLYING CONTRIBUTION DEATH (notify me 21D. TIME (APPROX.) 21A. ACCIDENT OR CONTRIBUTION DEATH (notify me 21D. TIME (APPROX.) 22. I certify that (HY (we) last and hour and from the contribution of the co	CONDITIONS, in obove cause (ACONDITIONS), in obove cause (ACONDITION IOST, III ANT CONDITION CAUSING CAUSE OF C	SES if any, giving A) sloting the CONTRIBUTING ELATED TO THE GIT. ONDITION FOR W PERFORMED 218. home etc.) or) (Hour) 21E. Whill Worl tol) ottended the assed alive an	PLACE OF INJURY (e.g., form, foctory, street, INJURY OCCURRED At Work At Work (We) (did) (did wh) CHOI M.D. A.P.	in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID IN ille 21F. HOW DID IN ille And View the bady after death Itending 23D. ADDRESS UNION MEN REMATORY 24D.	OD 208. IF YES, WER IN CERTIFYING (If in Bolting IJURY OCCUR? 19 to ta	pinion death accurred a 238. DATE SIGNED TULY 14 SPITAL (City, town, or county)	19 (6)
MEDICAL CERTIFICATION	OTHER SIGNIFICATOR THE DEAT DISEASE OR COLORD TO THE DEAT OR CONTRIBUTIN DEATH (notify me 21 D. TIME OF INJURY (APPROX.) 22. I certify that the the the the the the the the the th	CONDITIONS, in the cause of the	SES if any, giving A) sloting the CONTRIBUTING ELATED TO THE GIT. ONDITION FOR W PERFORMED 218. home etc.) or) (Hour) 21E. Whill Worl tol) ottended the assed alive an	PLACE OF INJURY (e.g., form, foctory, street, Not What Work (e.g., form, foctory, street, Not What (e.g., form, foctory, street, for	in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID IN ille 21F. HOW DID IN ille And View the bady after death Itending 23D. ADDRESS UNION MEN REMATORY 24D.	OD 208. IF YES, WEE IN CERTIFYING (If in Bolting I) URY OCCUR? 19 ta	pinion death accurred a 238. DATE SIGNED TULY 14 SPITAL (City, town, or county)	n)



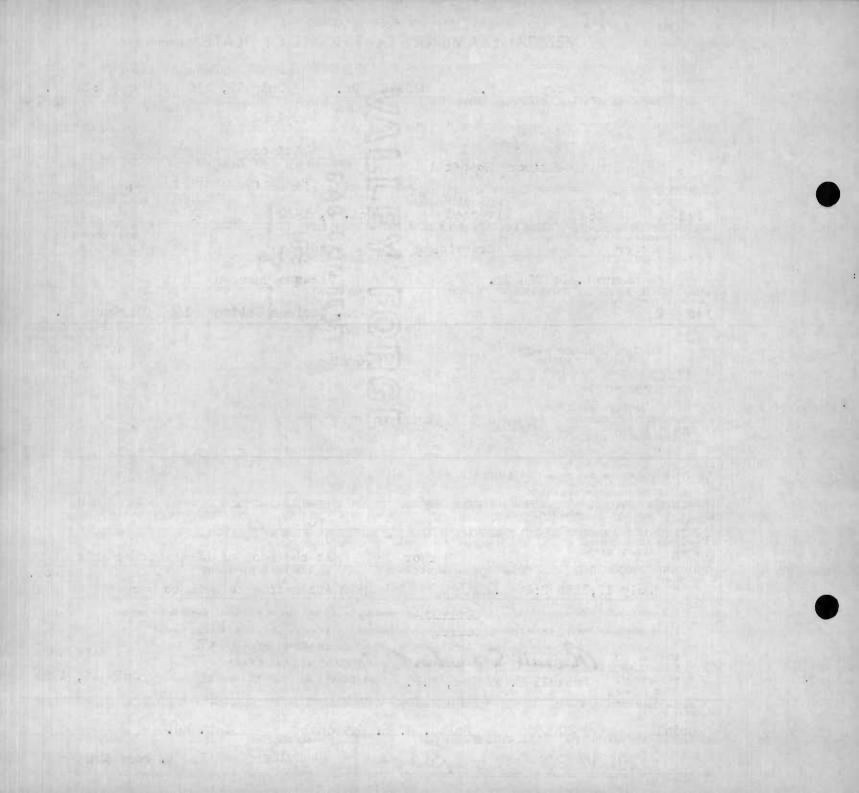
00 05045	BALTIMORE CITY	HEALTH DEPARTMENT		66 07345
BIRTH NO. 66 07345	CERTIFICA	TE OF DEATH	Registered No.	00 07040
M.E. CASE NO. T. NAME OF DECEASED (Type or Phin) VISOCKIS, JOHN			LY 16, 1966	1:00 Pm.
FULL NAME OF HOSPITAL OR INSTITUTION SIT AGNES HOSPITAL OR ODDER OF HOSPITAL OR INSTITUTION WILKENS & CATON BALTIMORE, MARYL	AVENUES	A. USUAL RESIDENCE (WA. STATE B. COL MARY LAND C. CITY OR TOWN (IF A. STREET ADDRESS)	here deceased fived. If in JNTY outside city limits, write R E [If rural, give location]	stitutian: residence befare admission)
5. SEX 6. RACE 7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
MALE WHITE WIDOWED	WED (specify)	2-3-84	last birthday)	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work) done during most of working life, even if retired) RETIRED 13. FATHERS NAME	BUSINESS OR INDUSTRY	LITHUANIA 14. MOTHER'S MAIDEN N		12. CITIZEN OF WHAT COUNTRY?
	DEC D	MARTHA		C I D
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknawn) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 207-26-4-174	ST. AGNES REC	CORDS WIL	KENS PORCATON AVE
This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.	(A) DUE TO (B) CO	Iremia, Avenia Aroniz Reve	l'arté	ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION WAS PERFORMED	HICH OPERATION	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	PLACE OF INJURY(e.g., in e, farm, factory, street, at	n or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exact tocation)
OF INJURY (Month) (Doy) (Year) (Hour) 21E,	e At Not While	21 F. HOW DID to	NJURY OCCUR?	
22. I certify that (X (this hospital) attended the that XIX(we) lost sow the deceased alive an and hour and from the causes stated above. (X)	JULY 16,			
23C. PHYSICIAN'S NAME (TUDE) EWALDO WEISS	Phy	23D. ADDRESS		7-16-66 LKENS & CATON LTIMORE, MD.
REMOVAL (Specify)	ME of CEMETERY OF CRI	EMATORY 24D.	LOCATION	ly, tawn, ar caunty) (State)
Burial 7-19-1966 Most 258, DATE REC'D BY HEALTH DEPT. 258, NAME OF LINE 258, NAME OF	FREGISTRAR LANGE	Thomas J Ken	Baltimore, Mor uny Inc 1600 H	ADDRESS Collins St

Participation of the state of t

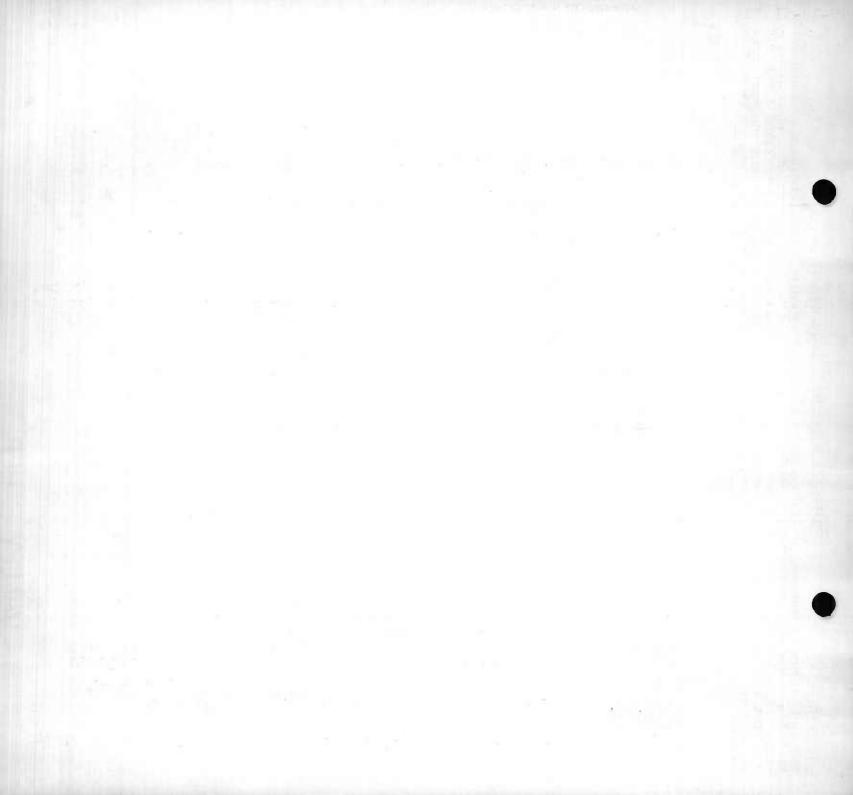
1215 - 501 . 5

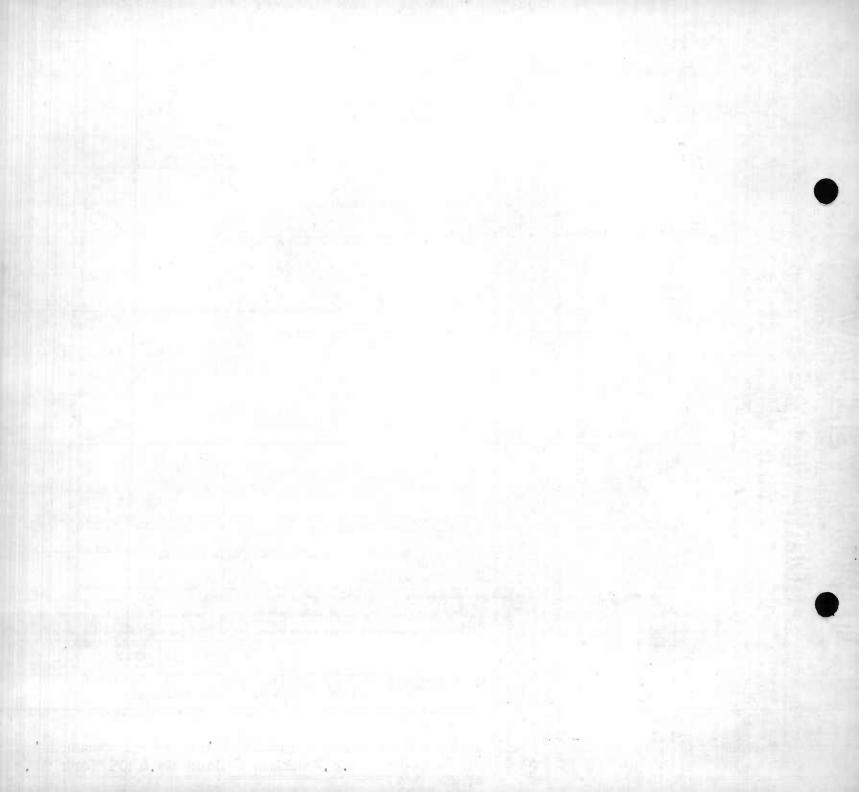
MEDICAL EXAMINED'S CEPTIFICATE OF DEATH Registered N

DIKIH NO.	CAL LA	MAIIIAFK 2 C	LKIII CAIL OI	DLATITIO	100 110.
M.E. CASE NO.					
1. NAME OF DECEASED (Type or Print)			2. DATE A	ND HOUR PRONOUNCE	ED DEAD
Harry	L.	DAFFIN	Jr. Jul	y 17, 1966	8:18 A. M.
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUI	NCED DEAD	I.A. STATE	B. COU	itution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUT	TION, GIVE STREET	Maryland C. CITY OR TOWN (If outs		RURAL and give township)
			Baltimo	re	HU!
South Baltimore Hospital		D. STREET ADDRESS (If rore		The second	
5. SEX 6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
	WIDOWED, D	IVORCED (specify)	0 1 0 3000	lost birthday)	Months Days Haurs Min.
Male White	Divo		Oct. 9, 1920	45	
IOA, USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	TOB KIND OF	BUSINESS OR INDUSTRY	(11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Adv	ertising	Virginia		USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAM	A E	
Harry L. Dafi	fin Sr.		Unknown Ur	known	
15. WAS DECEASED EVER IN U.S. ARMED		6. SOCIAL	17. INFORMANT	IKHOWII	ADDRESS
(Yes, na or unknown) (If yes, give wor ar date		SECURITY NO.		- () 0	
Yes # 2			Mrs. Darlene	latton 1640	Clarkson St.
18.		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., head failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE					
UNDERLYING CONDITION LAST.		(C)			
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A, DATE OF OPERATION 19B, CON WAS PERI	ATED TO TH				
19A. DATE OF OPERATION 19B. CON WAS PERI	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIR	
			No	111111111111111111111111111111111111111	
UNDERLYING MORE CAUSE WAS UNDERLYING MORE CAUSE OF DEATH.	21B. P home, etc.)	form, foctory, street, Harbor	in or obout 21C. WHERE DID office bidg., INJURY OCCUR?		ve exoct locotion) Street in the
21D TIME (Month) (Day) (Year) (Hour) 21	E. INJURY OCCURRED	21F. HOW DID IN		harbor.
OF INJURY (APPROX.) July 17,1966 7			WHILE X Attempting		
22. 1 certify that I held an I		T.		his basis, death In n	
resulted fram: Natural cau	ses A	cident X Suicid		Undetermined manne	er 🗌
ACTUAL SIGNATURE CLASS	ill S	Fasher 40	CHIEF MEDICAL E		DATE SIGNED
	1 S. Fis	her, M.D.	ASSOCIATE MEDICAL		July 18, 1966
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	23 C	. NAME of CEMETERY	OF CREMATORY 23D.	LOCATION (City,	tawn, ar county) (State)
Burial 7 20 19	966 248 NAME C	Balto. U. S	National	Balto. Md.	ADDRESS
JUL 19 1966					Fort Ave
VS 151-REV. 1/1/65	V		•		



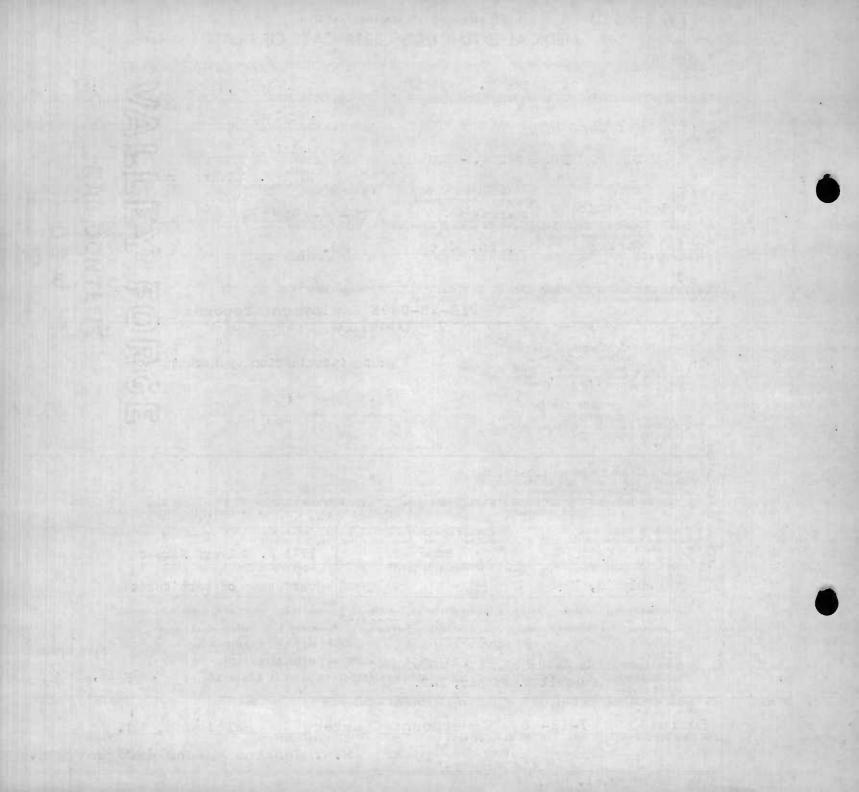
2-51 EDI	BIRTH NO. 66 U7347 CEDTIFICATE OF DEATH Registered No.	66 07347
25000	M.E. CASE NO.	
of decease on the Suth. Su	1. NAME OF DECEASED Hallinan, Burly Girl 2. DATE AND HOUR OF DEATH (Type or Print) 4. DATE AND HOUR OF DEATH	1/0 0
ath.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If ins	stitution: residence before odmission)
	FULL NAME OF (If not in hospitol or institution, give street HOSPITAL OR address or location) INSTITUTION (If not in hospitol or institution, give street C. CITY OR TOWN (If outside city limits, write R	14
	INSTITUTION (If outside city limits, write 8	URAL ond give township)
	Baltimore City Hospitals Baltimore 21222 D. STREET ADDRESS (IF 1410), give location)	
	4940 Eastern Ave. Baltimore, Md. 8 Northship Road 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years	
и.	WIDOWED, DIVORCED (specify)	Months Doys Hours Min.
i	OA. USUAL OCCUPATION (Give kind of work 10B. KIND OF STUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) lane during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY?
ľ	Baltimore Md.	USA
	13. FATHER'S NAME	
	Hallman	
1	15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY No. 17. INFORM 44940 Eastern Aven	ue Baltimore, Mo
-	BCH: Records Baltimore	City Hospitals
	/37.9	ONSET AND DEATH
	LEADING TO DEATH (A) Heart Paular	6 PM to
	ODSEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, astherio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES (A) Fleart faciliar Confernital Heart disease	()
	ANTECEDENT CAUSES (B)	10 P.M.
	DISEASES OR CONDITIONS, if any, giving	
	rise Ia The above couse (A) sloting the (C) UNDERLYING CONDITION last,	
	7 11	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Prematurity	
	DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 10 THE DEATH BUT NOT RELATED TO THE Prematativity 20A. AUTOPSY? (Ye of No.) 20B. IF YES, WERE F IN CERTIFYING CAU	INDINGS CONSIDERED
	¥ Yes	City, give exact location)
	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	ony, give exact tecanon
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While	
	(APPROX.) While At Not While At Work	
ı	22. I certify that A (this hospital) attended the deceosed from Justy 14 1966 to Just	
ı	that OX (we) last saw the deceased alive on 10 P.M. #27/16 9966 and that in the court opin	ian death accurred an the date
	and hour and from the causes stated above. (如 (We) (did) (did nex) view the body after death.	land Barre stories
	M.D. Attending Med. Staff	7/16/66
	23C PHYSICIANES	
	NAME (Type)	# 21224
	M S. Haddadin 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City Hospital Cremation) (City Hospital Cremation)	y, lawn, or county) (State)
	Cremation 7-18-66 Baltimore City Hospitals Baltimore, M. 258. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	arvland 21224
	JUL 19 1966 Pout & Falkenia 25C. FUNERAL DIRECTOR	ADDRESS
	VS 150-REV. 1/1/65	





66 07349		BALTIMORE CITY HEALTH DEPARTMENT	66	0734
BIRTH NO.	MEDICAL	EXAMINER'S CERTIFICATE OF	DEATH Registered No.	0704
M.E. CASE NO.				
1 NAME OF DECEASED			THE HALLS ASSESSED THE PERSON	

M.E	CASE NO.								
1. NAME OF DECEASED (Type or Print)						2. DATE ANI	D HOUR PRONOUNCE	D DEAD	
			RINE L.			July	15, 1966	2	:25 P. M.
3. P	LACE IN BALT	IMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDE	ENCE (Where	deceased lived. If insti B. COU	tution: residence NTY	before admission
HO	L NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	TION, GIVE STREET	Ma	aryland		P. T. S. C. L. L.	
UNION MEMORIAL HOSPITAL - DOA			D. STREET ADDR	altimor		12	03		
					Calvert Stre	eet			
5. S	EX	6. RACE	7. MARRIED, NEVER MARRIED		B. DATE OF BIRTH 9. AGE (In yeors		9. AGE (In years last birthday)	If Under 1 Yr	If Under 24 Hrs
	Female	married		10-14-1		46			
		JPATION (Give kind of work vorking life, even if retired)	TOB. KIND OF	BUSINESS OR INDUSTR	YII. BIRTHPLACE	State or foreig	n country)	12. CITIZEN O	
S	ocial V	Vorker	Balto	. City	Md.			USA	
13. [ATHER'S NAM	E			14. MOTHER'S MA	AIDEN NAME			
	?				?				
		O EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
?		, , , , , , , , , , , , , , , , , , , ,		218-28-049	5 Employ	ment :	records		
	1B.	7/20:11		CAUSI	OF DEATH				RVAL BETWEEN
	DISEAS	E OR CONDITION DI	RECTLY					ON:	EI AND DEATH
		LEADING TO DEATH		(A)	ute intox	ication	by barbitu	cate	
	heart failure, injury or car	ot meon the mode of asthenio, etc. It meons application which coused	the disease, death.)	DUE TO				(3)	
	A	NTECENDENT CAUSE	S						
	DISEASES	OR CONDITIONS, IF A	NY, GIVING	DUE TO	••••••				
		IG CONDITION LAST.	A III O	161					
O				(C)				***************************************	• • • • • • • • • • • • • • • • • • • •
CERTIFICATION	TO THE	II VIFICANT CONDITIONS DEATH BUT NOT REP R CONDITION CAUSING	ATED TO TE						
CERT	19A. DATE OF		DITION FOR V	VHICH OPERATION	20A. AUTOPSY?		208 IF YES, WERE FIN IN CERTIFYING CAUS		
Y.		CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in as about 21C. W	HERE DID	(If in Baltimore City, giv	ve exoct lacation	n)
EDICAL	UTING CAU	OR CONTRIB- SE OF DEATH.	etc.)	form, foctory, street,			Calvert Stre	eet /	-23
	21D TIME	(Month) (Day) (Year	Hour) 2	E. INJURY OCCURRED	21 F. H.C	DENI DID WO	RY OCCUR?		
		11y 15, 1966	? m. W	HILE AT NOT	WHILE X OVE	erdosag	e of barbitu	ırates	
	22.	ify that I held on I	nquiry 🗌	Inspection Au	topsy X ond	I that on thi	s bosis, deoth In m	y opinion	
	resul	ted from: Natural car	uses A	ccident X Suicio	le Homicie	de 🗌 👢	Indetermined manne	er 🗌	
	ACTUAL		DO 2	Fisher M.D			AMINER X	D	ATE SIGNED
	SIGNAT	ER'S Russell	S. Fis	her, M.D.	ASSOCIATE M			July 16	, 1966
	NAME (MATION, 238 DATE		NAME of CEMETERY	or CREMATORY	23 D. Le	OCATION (City,	tawn, ar county) (Stote)
	MOVAL (Specify Burial	7-18-	66 6	roonmount	Camatani		Paltimone	M .3	
		BY HEALTH DEPT.		reenmount of REGISTRAR		AL DIRECTOR	Baltimore,	ADDR	ESS
		JUL 19 1966	Robert	E. Farburna	H.W.	Jenki	ns & Sons	4905 Y	ork Rd.
VS	151-REV. 1/1/	65 Re.Pl. 8/17	7/66 N	97110					

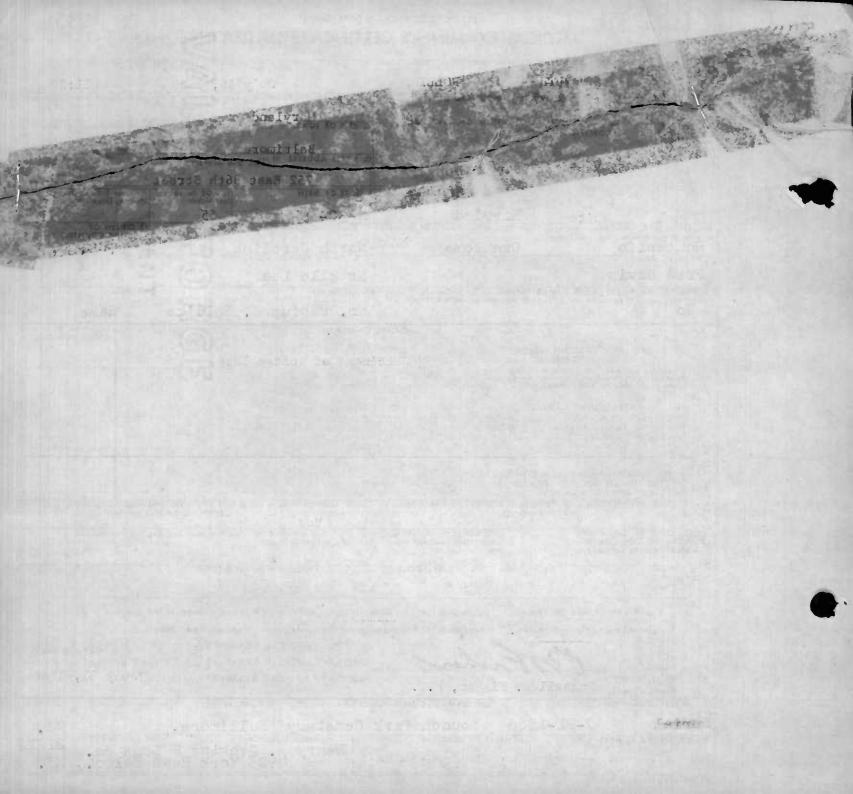


V\$ 150-REV. 1/1/65

ant andrews helper 2 day Combine Particular Report Dum Alles O Bertley

MEDICAL EYAMINED'S CEDTIEICATE OF DEATH ...

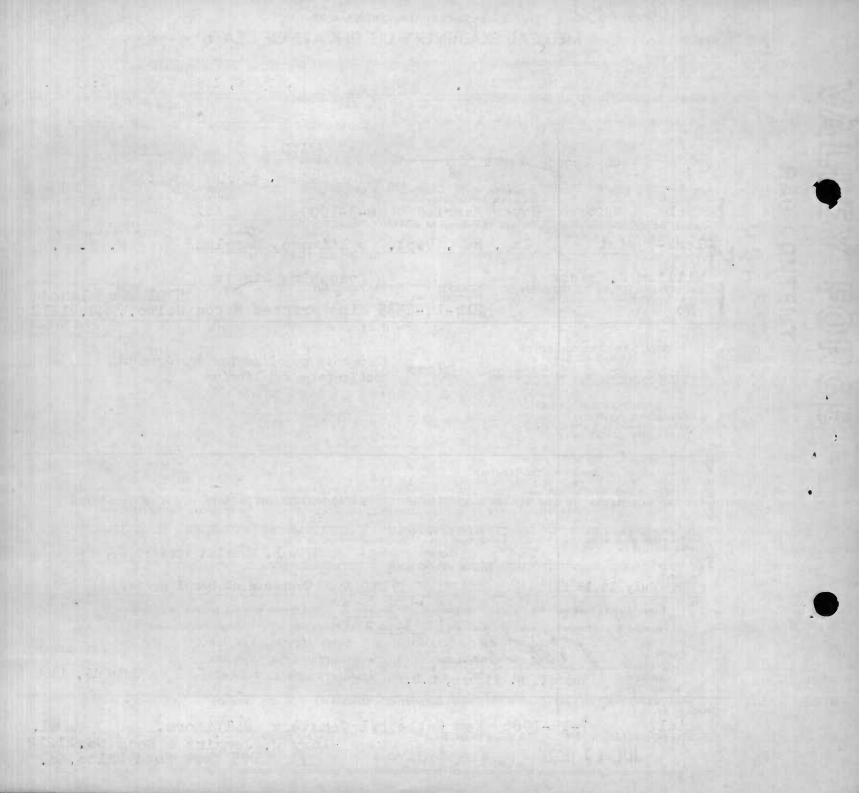
BIRTH NO.	MEDI	CALEA	AMIINERS	EKTIFICATE	OF DE	AII Kegisier	ed No.	
M.E. CASE NO.					186			
Type or Pint	RUTH	2 121	ROLLINS	2. DA		OUR PRONOUNCE	D DEAD	
TO IN BALT	MORE MARYLAND, W	HERE PRONOU	Carlo Paral Paral	4. USUAL RESIDENCE		16, 1966	lution: residence	11:50 PM.
The state of			第二十二十五	A. STATE		B. COUI	NTY	
EULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	L OR INSTITUTION)	TION, GIVE STREET	c. city or town	land co	or arate, limits, write	PURAL and give	ve township)
INSTITUTION		The same of the					13/1	3
	750 7			D. STREET ADDRESS	of resident	ve location)		A CONTRACTOR
00	752 East 36t	n Stree	et	the same and the last of the l		6th Street	and in many	
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	павс 3	9. AGE In years	If Under Y	. Il Under 24 Times
Female	White a	Marr:	DIVORCED (specify)	4-30-1911		last hinhdayl	Month's Day	Hours Min.
IOA. USUAL OCCI	White JPATION (Give kind of work	108 KIND OF	BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	or formign c	1 55	12. CITIZEN O	
Housewi	varking life, even if retired) fe	Own 1	Home	North Car	oline		WHAT CO	DUNTRY?
13. FATHER'S NAM		OWIL	101110	14. MOTHER'S MAIDEN			0	O. A.
Fred Da	vis			Estelle L	ee			
	D EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
No	William Act of Gold	s or service	SECORITI NO.	Mr. Fabiu	s H.	Rollins	San	me
18.	4 ×		CAU	SE OF DEATH				ERVAL BETWEEN
DISEAS	E OR CONDITION DI	PECTLY		_			ONS	SET AND DEATH
	LEADING TO DEATH		(A) Car	cinoma of soft	t pala	te		
heart failure,	at mean the mode of osthenia, etc. It means application which coused	the disease,	DUE TO	0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-		*********************		
many or con	inpirconon which coused	geam,						
	NTECENDENT CAUSE		(B)					
RISE TO TH	OR CONDITIONS, IF A	TATING THE	DUE TO			•••••		
	IG CONDITION LAST.		(C)	200000000000000000000000000000000000000				
2	II							
OTHER SIGN TO THE DISEASE OF	VIFICANT CONDITIONS DEATH BUT NOT REI	CONTRIBUTION	IG					
E DISEASE OF	CONDITION CAUSING	IT.	******************	***************************************				
19A. DATE OF	OPERATION 198, CON WAS PER		VHICH OPERATION	20A. AUTOPSY? (Yes		GERTIFYING CAUS		
ZIA, EXTERNAL	CALLEE WAS			Yes				
O UNDERLYING	OR CONTRIB-	home	form, factory, street,	, in or obout 21C. WHERE office bldg., INJURY OCC	E DID (If i CUR?	n Boltimare City, giv	e exact location	n)
~		etc.)						
OF INJURY	(Month) (Day) (Year		IE. INJURY OCCURRED		YAULNI DK	OCCUR?		
(APPROX.)		m. W	ORK NOT	WHILE WORK				
22.	ify that I held an I	ngulry 🗌	Inspection A	utapsy and that	t an this h	asis, death in m	v oninian	
	ted fram: Natural car	-	coldent Suici		7	etermined manne		
			CCTGGIII 🔄 SGICI	CHIEF MEDIC		***		
ACTUAL		of .	har	D. ASSISTANT MEDIC			D/	ATE SIGNED
SIGNATI	ED'S	g an		ASSOCIATE MEDIC			July 1	17, 1966
NAME (1	(ype) Kussell	S. Fish	ner, M.D.	ASSOCIATE MEDIC	AL LAA	MITTER		, 1500
23A. BURIAL CREATERMOVAL (Specify		230	. NAME of CEMETERY	or CREMATORY	23D. LOC	ATION (City,	town, or county	y) (State)
Burial	7-21-1	966	Loudon Par	k Cemetery	Balt	imore.		Md.
24A. DATE REC'D			OF REGISTRAR	24C. FUNERAL DI	RECTOR		ADDR	ESS OF OF
	HH 10 1000	DO	3 E. Farbert	Henry W	on Jer	kins & S Ork Road	ons co	• MA
VS 151-REV. 1/1/6	JUL 10 1000	Markey) C, (acord).	4	105 1	.ork noad	Dalto	., Md.
W 1 W1 - 116 V 6 17 1/ 6								



B-250

SALIMORE CITY TEACH DELACTION

BIRT	TH NO.	MEDI	CALEX	AMINER 3 CE	KIIFICATE	OF DEATH Regist	ered No.
M.I	E CASE NO.					10	
1. 1 (Ty	NAME OF DEC		RGARET	A. BACON		ly 16, 1966	7:15 P. M.
FUI	LL NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	L OR INSTITE		Maryla C. CITY OR TOWN (IF	nd autside carparate limits, with	estitution: residence before odmission) UNITY (c) RURAL ond give township)
Bon Secours Hospital			Baltim D. STREET ADDRESS (1) 3706 N		eet		
	emale	6. RACE White	Never	never Married DIVORCED(specify) Married	6-3-1909	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
Sp		working life, even if retired) ypist		Rev. Dept.	Baltimore 14. MOTHER'S MAIDEN	, Maryland	12. CITIZEN OF WHAT COUNTRY? U. S. A.
	William J. Bacon				Josephine	Coenta	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) NO 16. SOCIAL SECURITY NO. 214-14-253					17. INFORMANT	57	Ol The Alameda lto., Md.21212
CERTIFICATION	(This does heart failure, injury or co	SE OR CONDITION DIL LEADING TO DEATH not mean the made of , asthenio, etc. It means mplication which caused of ANTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) ST NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT REL R CONDITION CAUSING	dying e.g., the disease, death.) S NY, GIVING ATING THE	(C)	neumonia comp arbiturate an	licating overd d librium	ose of
	19A. DATE OF	OPERATION 19B, CON WAS PERI	DITION FOR T		Yes	IN CERTIFYING CAL	JSES OF DEATH?
MEDICAL	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Baltimore City, give exact lacation) home, farm, factory, street, office bldg, INJURY occur? 3706 N. Charles Street 21E. INJURY OCCUR? 3706 N. Charles Street OF INJURY OF						eet
		URE Russel	requiry A		opsy Ond that Homicide CHIEF MEDICA	L EXAMINER X	
RE	MOVAL (Specif	MATION, 23B. DATE	23	C. NAME of CEMETERY o	CREMATORY	23D. LOCATION (City	y, tawn, or county) (Stote)
		7-19- BY HEALTH DEPT. JUL 19 1966		New Cathedr of REGISTRAR	al Cemeter	Baltimore V. Jenkins & 4905 York R	ADDA OT OT O
VS	151-REV. 1/1/	65 1971	0				



hospital

0

T

eath

D

assistant

his

IMPORTANT

FUNERAL DIRECTOR:

chief medical

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

Hours

USA

ADDRESS

24 hours

INTERVAL BETWEEN

ONSET AND DEATH

1966

ADDRESS

VS 151-REV. 1/1/65

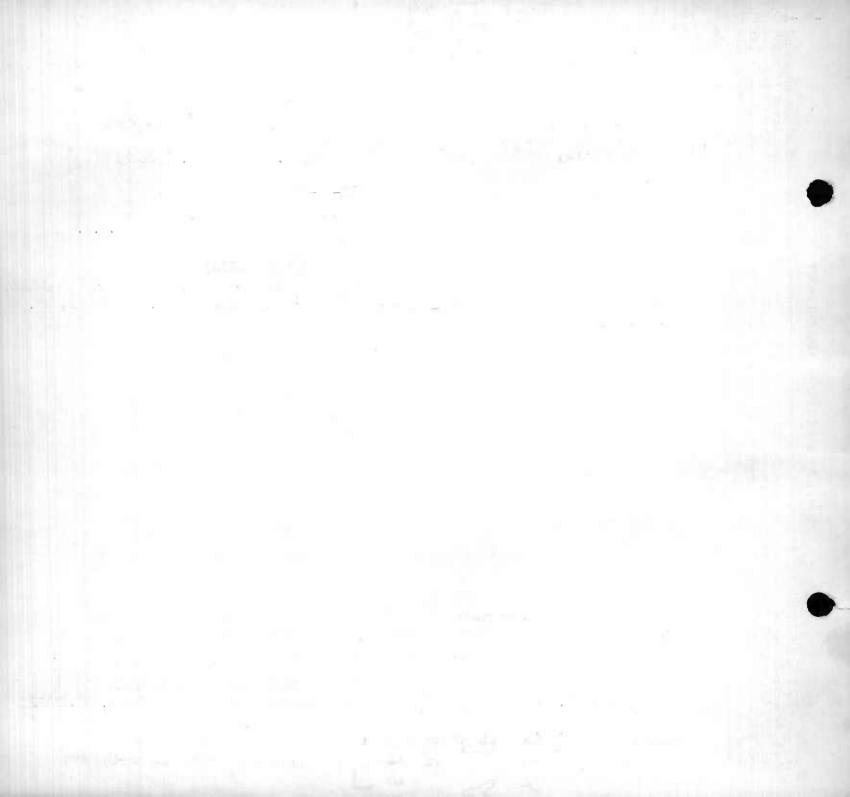
	E 110:			(AMINER'S C			HOUR PRONOUNC		
(Type or P	OF DECEASED	Jerry		TAYLOR			17, 1966	ED UEAU	7:50 P. M.
3. PLACE	IN BALTIMORE, M	9					ceosed lived. If inst		enco beforo odmission)
					A. STATE	arvland	B. COL	YTY	
HOSPITAL	OR ADDI	RESS OR LOCA	TION)	JTION, GIVE STREET	C. CITY OR TOW	N (If outside o	orporote limits, write	RURAL on	d give township)
						altimore	>	-	0 ~
33	John	n Hopkin	s Hospi	tal	D. STREET ADDR				
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED		NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In yoors		1 Yr. If Under 24 Hrs.		
				DIVORCED (specify)	July 23		lost birthdoy)	Months	Doys Hours Min.
Mal		gro	TOR KIND OF	F BUSINESS OR INDUSTI			27	12. CITIZE	N OF
	most of working life,		NO MIND OF	DOSINESS ON INCOSTI	N.C.	ololo ol lololgii i			COUNTRY?
13. FATHE	'S NAME				14. MOTHER'S MA	AIDEN NAME			
	John T	T24/60			Emm	& Also	Ton		
15. WAS D	ECEASED EVER IN	U.S. ARMED	FORCES?	16, SO CIAL	17. INFORMANT		A V F C	ADDRESS	
(Yes, no or	unknown) (If yes, gi	ive wor or doto	s of sorvico)	SECURITY NO.	Annie	Hard	y 1813	W. 13.	Ho. Md.
18.	17 70 70 7			CALLS	E OF DEATH				INTERVAL BETWEEN
	E983X	(1		CAUS	E OF DEATH				ONSET AND DEATH
	DISEASE OR CO	ONDITION DI	RECTLY						
	LEADIN	G TO DEATH		(A) Cr	anio cereb	ral iniu	rv		
(Thi	s does not meon	the mode of etc. It means	dying, e.g., the discose,	DUE TO	900 A SA. W. SA. W. SA. W. SA. SA. SA. SA. SA. SA. SA. SA. SA. SA	KNEW J.Ne.	7.,1		
inju	ry or complication	which coused	de oth.)						
1 2 2	ANTECEN	DENT CAUSE	S						
DIS	EASES OR CONT	DITIONS, IF A	NY, GIVING	DUE TO	••••••		••••••••••		***************************************
UN	DERLYING CONE	DITION LAST.	AING THE						
NO NO			MO 18	(C)		***************************************			
		11			All Parkers and			14	
D TO	HER SIGNIFICANT THE DEATH	BUT NOT REI	ATED TO T						
III DIS	EASE OR CONDIT			WHICH OPERATION	20 A ALITOPEVS	(Vos os No) IOO	B. IF YES, WERE FI	NDINGS CO	ONSIDERED
19A. L		WAS PER	ORMED			IN	CERTIFYING CAU	SES OF DEA	ATH?
	7/16/66 EXTERNAL CAUSE	WAS	ural he	ematoma PLACE OF INJURY (e.g.,		es	res		
1 2 2	RLYING LOOK CON	TRIB-	home	, form, foctory, street,	office bldg., INJURY	OCCUR?			
OUNDE	CAUSE OF DE	AIH.		Street			ark and No	rth Av	enue
OUNDE	IMF (Manth)	(Doy) (You		TE. INJURY OCCURRED	21 F. HC	W DID INJURY	OCCUR?		
O UNDE UTING	LILBY				WHILE TO A -	anul + ad	by several	boys	
O UNDE UTING	LILBY	6,1966	:00A.	WHILE AT NOT	WHILE A AS	saulteu			
O UNDE UTING	JURY July 1				VORK				
O UNDE UTING 21D T OF IN	LILBY				VORK		basis, deoth In r	my opinion	
O UNDE UTING 21D T OF IN	JURY July 1	I held an I	nquiry 🗌	Inspection A	VORK	that on this			
O UNDE UTING 21D T OF IN	JURY July 1	I held an I	nquiry 🗌	Inspection A	tapsy X and	that on this	basis, deoth in r		
O UNDE QUING 21D T OF IN (APPR) 22.	JURY OX.) July 1 I certify that resulted frame	I held an I	nquiry 🗌	Inspection A	tapsy X and Homicia	that on this	basis, deoth in r determined monn MINER X		DATE SIGNED
VING UTING 21D T OF IN. (APPRI 22,	JURY OX.) July 1 I certify that resulted fram: ACTUAL IGNATURE	I held an less Notural con	ngulry uses A	Inspection A	tapsy Mand de Homicia CHIEF ME	that on this de X Uni EDICAL EXA	basis, deoth in r determined monn MINER X MINER	er 🗌	
D UTING UTING 21D T OF IN (APPR) 22.	JURY JULY 1 I certify that resulted frame ACTUAL IGNATURE EXAMINER'S	I held an less Notural con	ngulry uses A	Inspection A	tapsy X and Homicia	that on this de X Uni EDICAL EXA	basis, deoth in r determined monn MINER X MINER	er 🗌	DATE SIGNED
O UNDE OUTING 21 D 7 OF IN (APPR) 22.	JURY OX.) July 1 I certify that resulted fram: ACTUAL IGNATURE	I held an less Notural con	uses A	Inspection A	CHIEF ME ASSISTANT ME ASSOCIATE MI	that on this de X Uni EDICAL EXA	basis, deoth in r determined monn MINER X MINER MINER	July	18, 1966
O UNDE UTING 21D T OF IN (APPR 22,	I certify that resulted fram: CCTUAL IGNATURE XAMINER'S IAME (Type) AL CREMATION,	Noturol con Russell	uses A	Inspection Accident Suici	CHIEF ME ASSISTANT ME ASSOCIATE MI or CREMATORY	thot on this de X Uni EDICAL EXA EDICAL EXA EDICAL EXA 23D. LOC	basis, deoth in r determined monn MINER X MINER MINER	July	18, 1966

. 615. Man amaz ant entire ,

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E. CASE NO.	DICAL LA	AMIIAEKO	JEK I II IC	AIL OI DE	A 111 113		
1. NAME OF DECEASED				2. DATE AND !	OUR PRONOUNC	ED DEAD	
(Type or Print) ROBER	?T	YOUNG		Tv, 1 v, 1	7, 1966	12:3	5 A
3. PLACE IN BALTIMORE, MARYLAND			4. USUAL R	ESIDENCE (Where dec		titution: residence be	
FULL NAME OF (IF NOT IN HO	SPITAL OR INSTITU	TION, GIVE STREET	C CITY OR	Maryland Town (If outside co	to limite unit	a PileAl and ave to	- was bis)
HOSPITAL OR ADDRESS OR LO	OCATION)		C. CIII OR	TOWN (II duriside co	arparate littins, with	The one of the state of	and snip
				Baltimore		/	
Provident	Hospital	De	OND. SIKEEL A	DDRESS (If rural, giv	11	1	11 .
5. SEX 6. RACE	17 AAADDIED	NEVER MARRIED	B. DATE OF	2207 Druid	9. AGE (In years	ue DRUI'd	
Male Colored		DIVORCED (specify)	9/27		lost birthday	Manths Days	daurs Min.
IDA. USUAL OCCUPATION (Give kind of		BUSINESS OR INDUST	RY 11. BIRTHPLA	CE (State or foreign c	auntry)	12. CITIZEN OF WHAT COUN	TDV?
done during most of warking life, even if retir	ea) -		Virg	inia		WILL COOK	TKI:
13. FATHER'S NAME			S MAIDEN NAME				
Edward Young			Loui	se			
15. WAS DECEASED EVER IN U.S. AR		16. SO CIAL SECURITY NO.	17. INFORMA	NT		ADDRESS	THE SECTION OF
res, no ar onknown, ar yes, give war ar	dues di service/	JECORITI NO.	Mrs	Catherine	Jones 2	207 Druid	Hill Av
18.		CAUS	E OF DEATH				AL BETWEEN
DISEASE OR CONDITION	DIRECTLY					ONSET	AND DEATH
LEADING TO DE	ATH	(A) Mt	ultiple	gunshot wou	nds of he	ad	
(This does not mean the mode heart failure, asthenia, etc. It m injury or complication which caus	eans the disease, sed death.)	MECHO	nd chest	*************************			
ANTECEN DENT CA	IICEC						
DISEASES OR CONDITIONS,		(B)					
RISE TO THE ABOVE CAUSE (A	A) STATING THE	501.0					
		(C)					
E II						-	
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAU	RELATED TO TH						******
19A. DATE OF OPERATION 19B.	CONDITION FOR V	WHICH OPERATION	20A. AUTO	OPSY? (Yes or No) 201			ED
O 2 WAS	PERFORMED			Yes	Yes	ISES OF DEATH?	
21A, EXTERNAL CAUSE WAS UNDERLYING OF CONTRIB- UTING CAUSE OF DEATH.	218.	PLACE OF INJURY (e.g., farm, factory, street,	, in ar about 21	C. WHERE DID (If i	n Boltimore City, g	give exact location)	
UTING CAUSE OF DEATH.	etc.)	home	dince bruge, 114	2207 Druid			
2	(Year) (Hour) 2	TE. INJURY OCCURRED	21	F. HOW DID INJURY		uc .	
(APPROX.) July 17, 196	6 2:05A _{m.} V	HILE AT NOT	WHILE X	Shot during	alterati	on	
22. 1 certify that 1 held an	Inquiry [Inspection A	utapsyx	and that an this i	asis, death in	my apinlon	
resulted from: Notural				47	letermined mann		
				F MEDICAL EXAM		- Committee of the comm	
ACTUAL SIGNATURE	Men	then M.	D. ASSISTAN	T MEDICAL EXAM	MINER .		E SIGNED
EXAMINER'S Ru NAME (Type)	ssell S. I	Fisher, M.D.	ASSOCIAT	E MEDICAL EXAM	MINER	July 17,	1966
23A. BURIAL CREMATION, 23B. DAT REMOVAL (Specify)		C. NAME OF CEMETERY	or CREMATOR	Y 23D. LOC	ATION (City	, tawn, ar county)	(State)
	3/66	louscester	County	Virg.	inia		
24A. DATE REC'D BY HEALTH DEPT.		OF REGISTRAR		NERAL DIRECTOR	LED TO THE	ADDRESS	
JUL 20 19	166 Robert	5 E. Farkey M	A A	Halstea	d 1206 W	North A	ve
VS 151-REV. 1/1/65	1 4			S B T.			

VS 150-REV. 1/1/65



66 07357	
00 0 100 1	BALTIMORE CITY HEALTH DEPARTMEN

BIRTH NO. MEDICAL EXAMINER'S CE		7				
	ERTIFICATE OF DEATH Registered No. 66 07357					
M.E. CASE NO.						
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD					
(Type or Print) MAE BYRD JEFFERSO	ON July 18, 1966 5:20 A					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admis B. COUNTY	sion.				
	A. STATE B. COUNTY					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
HOSPITAL OR ADDRESS OR LOCATION)	C. CITI OK TOWN (II dolates corporate willing, with the Kokaz and give town and					
	Baltimore / / - /					
Maryland General DOA	D. STREET ADDRESS (If rurol, give location)					
7/99	637 N. Paca Street					
	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24					
WIDOWED, DIVORCED (specify)		Ain.				
Female Negro Separated	7/22/22 43					
IDA. USUAL OCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INDUSTRY dane during most of working lile, even if relired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT_COUNTRY?					
	North Carolina USA					
Unemployed	14. MOTHER'S MAIDEN NAME					
16	Hattie					
Major Patterson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS					
(Yes, no or unknown), (If yes, give wor or dotes of service) SECURITY NO.	And the second s					
	James Hart 637 N Paca St					
IB. CALLSE	OF DEATH INTERVAL BETWE	EN				
1	ONSET AND DEA					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH						
(A) Fat	tty metamorphosis of liver					
heart failure, asthenia, etc. It means the disease.						
injury or complication which coused death.)						
ANTECENDENT CAUSES						
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO						
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
		•••••				
TO THE DEATH BUT NOT RELATED TO THE Bilate	eral acute nyelonenhritis	•••••				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	eral acute pyelonephritis					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Bilate 194, Date of OPERATION 198, CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194, Date of OPERATION 198, CONDITION FOR WHICH OPERATION WAS PERFORMED						
WAS PERFORMED ✓ 21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
VAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
WAS PERFORMED Valid External Cause was 218. Place of Injury (e.g., in home, larm, loctory, street, off etc.)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?					
VAS PERFORMED VAS PE	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
WAS PERFORMED 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UNING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in home, larm, loctory, street, off etc.) 21D TIME (Month) (Day) (Yeot) (Hour) 21E. INJURY OCCURRED OF INJURY	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? in or obout 21 C. WHERE DID (If in Baltimore City, give exact location) office bldg., INJURY OCCUR?					
WAS PERFORMED Valid	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR?					
WAS PERFORMED Valid	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? in or obout 21 C. WHERE DID (If in Baltimore City, give exact location) office bldg., INJURY OCCUR?					
WAS PERFORMED Value Value	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? in or obout 21C. WHERE DID (If in Boltimore City, give exact lacotion) office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? WHILE ORK and that an this basis, death in my apinlan					
WAS PERFORMED Valid	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? in or obout 21C. WHERE DID (If in Boltimore City, give exact lacotion) 21F. HOW DID INJURY OCCUR? WHILE ORK and that an this basis, death in my apinlan Homicide Undetermined manner					
WAS PERFORMED Value Value	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? WHILE tapsy X and that an this basis, death in my apinlan e Homicide Undetermined manner CHIEF MEDICAL EXAMINER X	D				
WAS PERFORMED Variable Varia	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? in or obout 21C. WHERE DID (If in Baltimore City, give exact lacation) office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? WHILE ORK Papsy X and that an this basis, death in my apinlan Homicide Undetermined manner CHIFF MEDICAL EXAMINER X	D				
Value Valu	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? WHILE 21F. HOW DID INJURY OCCUR? WHILE CAPPY X and that an this basis, death in my apinlan Homicide Undetermined manner CHIEF MEDICAL EXAMINER X ASSISTANT MEDICAL EXAMINER DID DATE SIGNE					
Value Valu	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? WHILE tapsy X and that an this basis, death in my apinlan e Homicide Undetermined manner CHIEF MEDICAL EXAMINER X					
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UNDERLYING OR CAUSE OF INJURY (e.g., in home, larm, loctory, street, off etc.) 21B. PLACE OF INJURY (e.g., in home, larm, loctory, street, off etc.) 21E. INJURY OCCURRED OF INJURY OCCURRED OF INJURY (e.g., in home, larm, loctory, street, off etc.) 21E. INJURY OCCURRED OF INJURY (e.g., in home, larm, loctory, street, off etc.) 21E. INJURY OCCURRED OF INJURY (e.g., in home, larm, loctory, street, off etc.) 21E. INJURY OCCURRED OF INJURY (e.g., in home, larm, loctory, street, off etc.) 21E. INJURY OCCURRED OF INJURY OCCURRED OF INJURY OCCURRED OF INJURY (e.g., in home, larm, loctory, street, off etc.) 22.	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? WHILE 22F. HOW DID INJURY OCCUR? WHILE CAPPY X and that an this basis, death in my apinlan TOTAL CHIEF MEDICAL EXAMINER X ASSISTANT MEDICAL EXAMINER X ASSOCIATE MEDICAL EXAMINER X July 18, 1	96				
Value Valu	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? WHILE 22F. HOW DID INJURY OCCUR? WHILE CAPPY X and that an this basis, death in my apinlan TOTAL CONTROL OF THE MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNE ASSOCIATE MEDICAL EXAMINER July 18, 1	96				
Value Valu	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? WHILE 22F. HOW DID INJURY OCCUR? WHILE CAPPY X and that an this basis, death in my apinlan TOTAL CONTROL OF THE MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNE ASSOCIATE MEDICAL EXAMINER July 18, 1	96				
Value Valu	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? in or obout 21C. WHERE DID (If in Boltimore City, give exact location) 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? WHILE 21F. HOW DID INJURY OCCUR? WHILE CORK 21F. HOW DID INJURY OCCUR? WHILE ACTURE AND ADDRESSES DATE SIGNE ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER July 18, 1	96				
Value Valu	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? in or obout 21C. WHERE DID (If in Boltimore City, give exact location) 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? WHILE 21F. HOW DID INJURY OCCUR? WHILE CHAPPY X and that an this basis, death in my apinlan Homicide Undetermined manner CHIEF MEDICAL EXAMINER X DATE SIGNE ASSISTANT MEDICAL EXAMINER JULY 18, 1 ASSOCIATE MEDICAL EXAMINER JULY 18, 1 OF CREMATORY 23D. LOCATION (City, town, or county) (State Carolina) NORTH CAROLINA 24C. FUNERAL DIRECTOR ADDRESS	96				

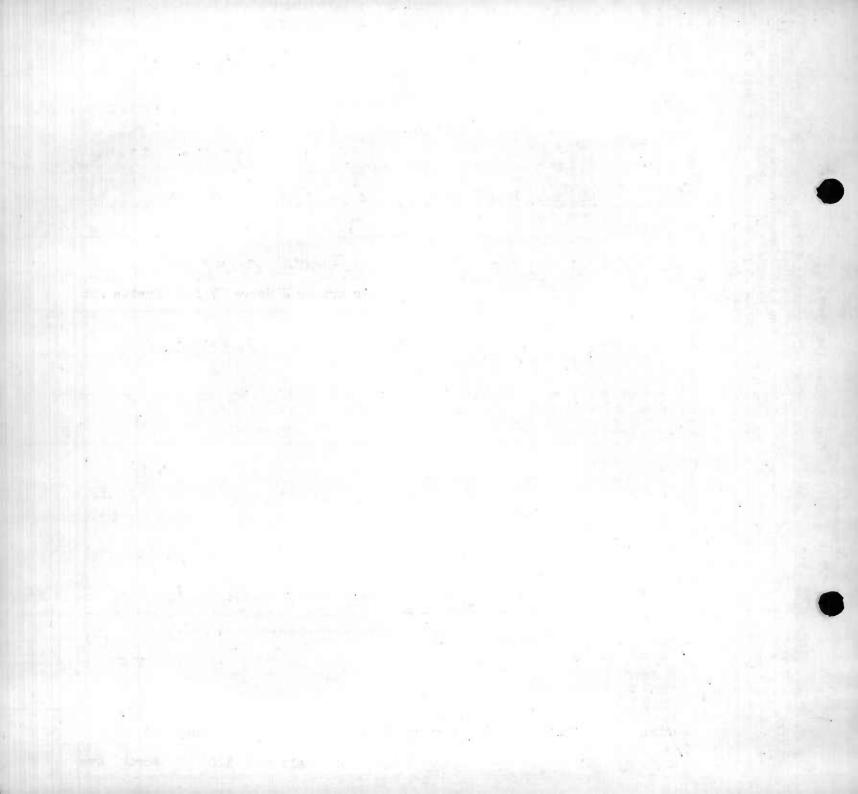
VS 151-REV. 1/1/65

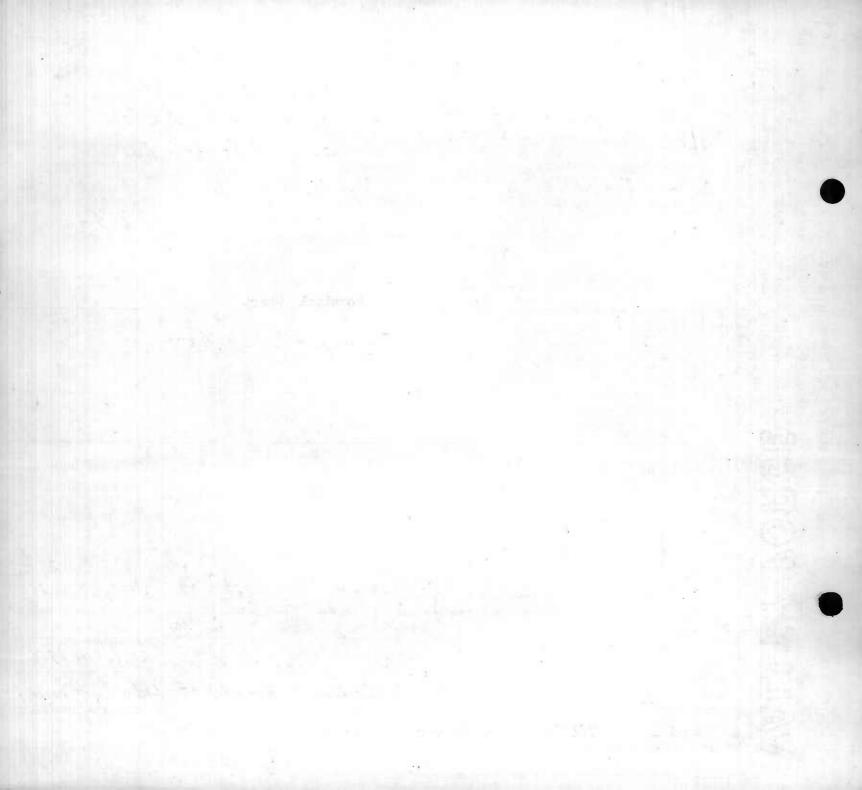
talent and a state of the state This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

IMPORTANT

FUNERAL DIRECTOR:

	OO AMORE		BALTIMORE CITY	HEALTH DEPAR	RTMENT		66	U7358
BIRTH NO.	66 07358	,	CERTIFICA	TE OF DE	ATH	Registered N	0. 00	070.00
M.E. CASE NO.	A22A		OZKTII TO			D HOUR OF DEAT	ru	
(Type or Print)	INSITY	TASEDI	9		17/ A	1660) 10	AN	
B. PLACE OF DEAT	TH IN BALTIMORE MA	RYLAND	7	14. USUAL RESID	ENCE (Whe	se deceased tived. I	institution: re	sidence belare admissi
				A. STATE	B. COUN	(TY		
FULL NAME OF	(If not in hospital address ar lacation	or institution, give	street	45/				
INSTITUTION			10001-11	C. CITY OR TOV	VN (If ou	tside city limits, writ	te RUBAL and	give township)
FRANT	KLIN SQ	UANT F	105 1 TAL	D. STREET ADDI	LIIV	rural, give location)		
7/				7411		4YETTE	C71	PEET
5. SEX 16	6. RACE	7. MARRIED, N	EVER AAARDIED	8. DATE OF BIRT		9. AGE (In years	If Under	1 Yr. , If Under 24 h
7/	ALEADA	WIDOWED, I	DIVORCED (specify)	7 10		last birthdoy)	Months	Days Hours Min.
107	PATION (Give kind of work	WIDO		1-18-1	900	65	130 01714	TO 1 05
	arking life, even if retired)	IOB. KIND OF BI	DELINESS OF INDUSTRI	11. BIRTHPLACE		ign country)	12. CITIZ	AT COUNTRY?
RITIR	ED			VIRG	-/N//	4	1	1.5.A.
3. FATHER'S NAM	E			14. MOTHER'S N	AIDEN NA	ME		
·TOSA	-DH MINS	コエソ		EMA	14	COLE MA	1/	
5. Was Deceased E	Ever in U. S. Armed Far	ces?	6. SOCIAL	17. INFORMANT	111	CL MASI	V	ADDRESS
Yes, na ar unknawn) ((II yes, give war ar dote	s at service)	SECURITY NO.	Mr Arthu	r J Mod	ore 741 W	Fayett	e St
		2	17-03-6193					
18.	0.1		CAUSE O	F DEATH				NTERVAL BETWEEN
	OR CONDITION DIE	RECTLY	. /		101	T Great		
	of meon the mode of	dvina e a	(A) M	yocara.	141 -	Infaret.	107	
heort-foilure, o	sthenio, etc. It meons	the diseose,	201 10 2					
	olicotion which coused		400					
Al	NTECEDENT CAUSES		DUE TO					
	R CONDITIONS, if obove couse (A)		(6)					
	CONDITION lost.	storing the	(C)					
	11		1.7.1.1.1.1.1					
	ICANT CONDITIONS C							
	ATH BUT NOT RELA							
19A. DATE OF	OPERATION 198. CON	DITION FOR WH	ICH OPERATION	20A. AUTOPS	(? (Yes at No	IN CERTIFYING	RE FINDINGS	CONSIDERED
O SET	WA3 16K	OKINED				OEKIII III O	CA0313 01 0	
OR CONTRIBUT	TWAS UNDERLYING THE	21 B. PL	ACE OF INJURY (e.g., in form, factory, street, al	n or obout 21 C. WI	HERE DID	(If in Baltin	nare City, give	exact lacotian)
	medical examiner)	etc.)						
21 D. TIME	(Manth) (Dayl (Year)	(Haur) 21 E. 11	NJURY OCCURRED	21 F. HO	W DID INJ	URY OCCUR?		
OF INJURY		While		• 🗆				
		Wark	At Work		/	11 4	- 1	1 11
	that (1) (this hospital					19 66 10	ury 1	619.66
that (I) (we) I	last sow the decease	ed alive on	1414 16	19.66	ond th	not in (my) (our) o	pinian deot	h occurred on the
and hour and	from the couses sto	ted obave. (1) (We) (did) (did not) v	iew the body of	ter deoth.			
23A. SIGNATUR	Ey	00				/	23B. DAT	E SIGNED
Ch	1,00 %.	' Noo	M.D. Atte	anding M	ed.	Staff Phys.	7-	1666
23C. PHYSICIAN	uce per	1100		23D. ADDRESS		11,73.		70 00
NAME (Typ	pe)		M.D.					
AA BUBIAL COC.	ATION DATE	1010 1111			leve		161	
REMOVAL (SP	pecily)		LE of CEMETERY OF CRI		24D. L		(City, tawn, a	r county) (Stote
Burial	7/20	/66 Mt	Calvary Ce	emetry	A	A County	Md	
25A. DATE REC'D		258. NAME OF		25C. FUNERA				ADDRESS
	JUL 20 1968	1.0. Fr	E. Farber Mil	A H	alstea	d 1206 W	North	Ave
10 150 PF\(1/1///	20 L D 0 1300	1 Uplelo	C, dellary, m	-		1		





	66 U7360 BAL	TIMORE CITY HEAL	TH DEPARTMENT		C	3 073	200		
BIR	TH NO. MEDICAL EXA	MINER'S CE	ERTIFICATE OF D	EATH Register	ed No) 0/6	900		
м.	E. CASE NO.								
1. (Ty	NAME OF DECEASED Pe or Print Robert M. Th	ompson	2. DATE AND	HOUR PRONOUNCE		6:00	a.		
3. 1	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE		4. USUAL RESIDENCE (Where of A. STATE Maryland				M		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore						
	558 Mosher St.	D. STREET ADDRESS (If rurol, give locotion) 558 Mosher St.							
5. 5	male colored 7. MARRIED, NE WIDOWED, DIV		B. DATE OF BIRTH	9. AGE (In years lost birthdoy)		Yr. If Und			
	USUAL OCCUPATION (Give kind of work 10B. KIND OF BU e during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) Virginia			12. CITIZEN OF WHAT COUNTRY?				
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
	Gus Thompson		Mary						
15. (Ye:	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no or unknown) (If yes, give war or dates of service) 2.	17. INFORMANT MRs Ella Bry	Furma						
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) Diabet DUE TO (B) DUE TO	ic acidosis						
z		(C)				**			
CERTIFICATION	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
	19A. DATE OF OPERATION 19B. CONDITION FOR WHI	20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES YES							
MEDICAL	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLA home, for	CE OF INJURY (e.g., i orm, factory, street, o	n or about 21C. WHERE DID (I ffice bldg., INJURY OCCUR?	f in Boltimore City, giv	e exact loc	otion)			
2	OF INJURY (APPROX.) WHI	INJURY OCCURRED LE AT NOT V K AT W	21F. HOW DID INJU	RY OCCUR?					
				bosis, death in m					
	resulted from: Notural causes X Acc	Suicide	CHIEF MEDICAL EXA	ndetermined monne	r	DATE C	CHED		
	SIGNATURE ALLEMAN.	5 (M.D.	ASSISTANT MEDICAL EX	AMINER 🔼	7/12/	DATE SI	GNED		

Purial 7/19/66

24A. DATE REC'D BY HEALTH DEPT. 1966

23C. NAME of CEMETERY or CREMATORY

23D. LOCATION (City, town, or county)

ADDRESS

ASSOCIATE MEDICAL EXAMINER

EXAMINER'S NAME (Type) Werner U. Spitz, M.D.
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CREMOVAL (Specify)

National Cemetry B
24B, NAME OF REGISTRAR
24C. FUNERAL DIRECTOR
Adolphus

Baltimore

(Stote)

Adolphus

Halstead 1206 W North

VS 151-REV. 1/1/65

ergni-

2/4/66

Virginia

USA

Gus Thompson

Mary

227-24-2959 MRs Ella Bryant 1035 Furman St Bronx N Y

66 07361

M.E CASE NO. 1. NAME OF D (Type or Print)					
1. NAME OF D					
TITLE OF THEFT	ECEASED			2. DATE AND HOUR PRONOUNCED DEAD	
	JAMES	T	BARRETT	July 15, 1966 8:40 A	1911
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmi	ission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
762	Dolphin Stree	et		D. STREET ADDRESS (If urol, give locofol) 762 Dolphin Street	
5. SEX	6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 2	4 Hrs
N. 1			OIVORCED (specify)	lost birthdoy) Months, Doys, Hours	Min.
Male	Negro	LIOR KIND OF	BILLINESS OF INDICATOR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	
done durin Labo	working life, even if retired)		truction	Virginia U S A	
13. FATHER'S NA				14. MOTHER'S MAIDEN NAME	
John	Barrett		#	Mary Jackson #	
	SED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT ADDRESS	
res, no or onknow	violiti yes, give wor or dole	s of service	SECONIII NO.	Mrs Nancy Doggett 762 Dolphin St	
(This does heart failu injury or a DISEASES RISE TO T UNDERLY	ASE OR CONDITION DI LEADING TO DEATH s not meon the mode of re, ostherio, etc. It meons complication which coused ANTECENDENT CAUSI S OR CONDITIONS, IF A THE ABOVE CAUSE (A) S TING CONDITION LAST.	dying e.g., the discose, deoth.) ES NY, GIVING	DUE TO	Lower Lobe Pneumonia le Fractured Ribs, Right.	EATH
TO THE DISEASE 19A. DATE OF THE DISEASE 19A. DATE OF THE DISEASE 19A. DATE OF THE DISEASE 19A. EXTERN UNDERLYING	GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION 198. CON WAS PER AL CAUSE WAS OR CONTRIB- LUSE OF DEATH. (Month) (Doy) (Yeo 7 11 166	LATED TO TO ST. DITON FOR V FORMED 218, home etc.)	HE Arterio WHICH OPERATION PLACE OF INJURY (e.g., if form, foctory, street, of other street) E. INJURY OCCURRED WHILE AT NOT VORK	Sclerotic Cardiovascular Disease. 20A, AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes nor obout 21C, WHERE DID (If in Boltimore City, give exoct location) Injury Occur? Lafayette Square 21F, HOW DID INJURY OCCUR? Blunt force to chest.	

68 07361

Laborer

John Barrett

Construction

Virginia

Mary Jackson

Mrs Nancy Doggett 762 Dolphin St

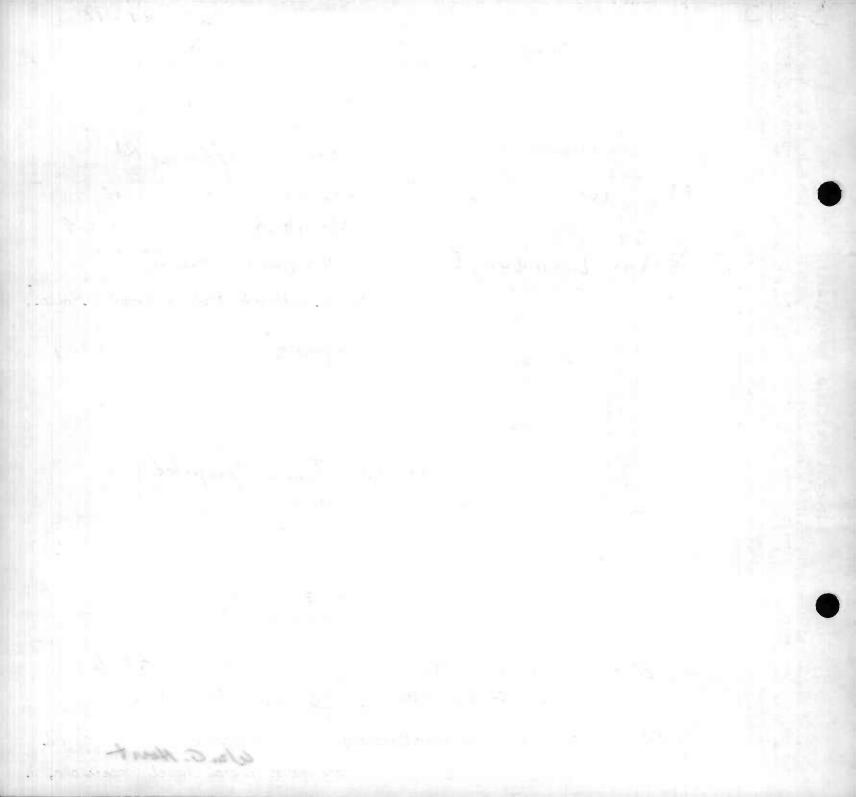
ee eysel

USA

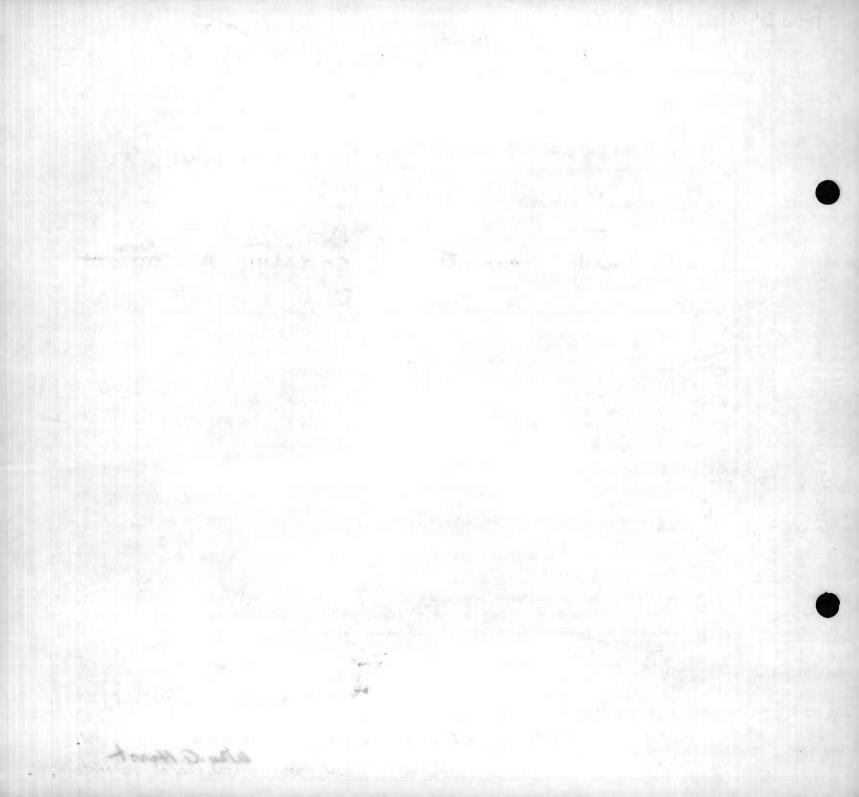
1	BALTIMORE CITY HEALTH DEPARTMENT 66 U7362
D-635	BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No
0 1 1	M.E. CASE NO.
(7 1000	1. NAME OF DECEASED (Type or Print) Ethel MABEL Gray DARDEN 2. Date and Hour Pronounced Dead July 18, 1966 1:00
0.0	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
C	HOSPITAL OR ADDRESS OF LOCATION ASTREET HOSPITAL OR ADDRESS OF LOCATION ADDRESS OF LO
	HOSPITAL OR ADDRESS OR LOCATION) 10-19-66 C. CITY OR TOWN (If outside corporate limits, write RURAL and give Ipwnship)
	2312 E. Lafayette Avenue Baltimore D. STREET ADDRESS (If rurol, give locotion)
	935 Pennsylvania Avenue
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
₹ . #	Female Nogro
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT SOUNTRY?
	Domestic Georgia 13. FATHER'S NAME
	77.112.
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL 17. INFORMANT ADDRESS
	kYes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 218-26-9200 Mrs Agnes Tucker 6 Gennet Ave. N Y
	1B. CAUSE OF DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY
	LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE TO
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
	ANTECENDENT CAUSES
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE
	UNDERLYING CONDITION LAST.
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER DEATH BUT NOT RELATED TO THE
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Riletoral courts prolonophritis
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Bilateral acute pyelonephritis 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED
	Yes Yes
	21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in or about 21C, WHERE DID (If in Boltimore City, give exact location)
	UTING CAUSE OF DEATH.
	21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	(APPROX.) m. WHILE AT NOT WHILE AT WORK
	22. I certify that I held an Inquiry Inspection Autopsy 💢 and that an this basis, death in my apinian
	resulted from: Natural causes X Accident Suicide Hamicide Undetermined manner
	ACTUAL CHIEF MEDICAL EXAMINER A DATE SIGNED
	SIGNATURE O WASHINGTON M.D. ASSISTANT MEDICAL EXAMINER
	EXAMINER'S Russell S. Fisher, M.D. ASSOCIATE MEDICAL EXAMINER July 19,1966
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, or county) (Stote)
	7. 7. 1
	Burial 7/22/66 Mt Auburn Cemetry Baltimore Md 24A. DATE REC'D BY HEALTH DEFT. 24B, NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS
	JUL 20 1966 Robert E. Farley A Halstead 1206 W North Ave
	VS 151-REV. 1/1/65

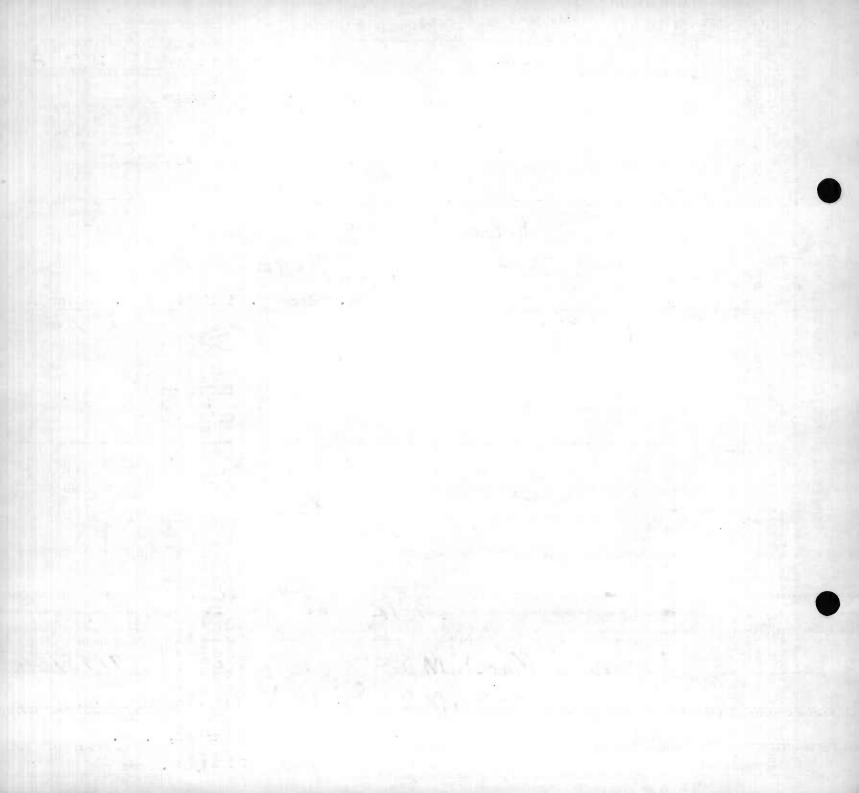
heller from MC is office MiN.

	66-13404 66 073	BALTIMORE CITY			
RTH N	10.	CERTIFICA	TE OF DEATH Reg	gistered Na. 369	39000
	ASE NO. E OF DECEASED	1	2, DATE AND HOL		
ype or	Print)	re us and	2. DATE AND HOL	7-17-66	230
PLAC	E OF DEATH IN BALTIMORE, MARYL	AND SABAUYA	4. USUAL RESIDENCE (Where dece		
, ILAC	LOI DEATH IN DALIMON, MAKE		A. STATE B. COUNTY		. residence belote donnessie
		institution, give street	Me Balt	more	
	TUTION oddress or location)	11 10	C. CITY OR TOWN (If outside cit	ty limits, write RURAL	ond give township)
	Sinai	Mospital	Baltime 1	16	55-00
110	Baltimore	INA	D. STREET ADDRESS (If rurol, gi	ve Jocation)	01
40	2001000	1200	1361 Cra	for wood	ed Croftsu
SEX	6. RACE 7.	MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AG		der 1 Yr. If Under 24 H
1	$M = \begin{pmatrix} 1 & 1 & 1 \end{pmatrix}$	WIDOWED, DIVORCED (specify)	7-2-66 lost birt	thdoy) Month	s Doys Hours Min.
À USI	JAL OCCUPATION (Give kind of work)10	B. KIND OF BUSINESS OR INDUSTRY		ntry) [12, C	ITIZEN OF
	ing most of working life, even if retired}	S. MILE OF DOTHERS ON HISOURIN			HAT COUNTRY?
	-		Maryland		USA
- FATE	HERS NAME	1	14. MOTHER'S MAIDEN NAME		
	Eldon 1 2001	R Au ch	Vir (ini C	Chamtand	
Was	Deceased Ever in U. S. Armed Forces	17 M6. SOCIAL	17. INFORMANT	Crunyou	ADDRESS Ma
es, no	or unknown) (If yes, give wor or dotes o				
			Eldon M. Lushbaugh	1061 Craftw	ood Kd.Balto.
18.	768.01	CAUSE O	F DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIREC	CTLY			ONSET AND DEATH
	LEADING TO DEATH	(A)	Sepses		1 day
(Thi	is does not meen the made of dy	17/			
		ying, e.g., DUE TO			
hec	ort foilure, asthenia, etc. It means th	e disease,			
hec	ort foilure, asthenia, etc. It means th vry or complication which caused de	e disease,			
hed	ort foilure, asthenia, etc. It means the ury or complication which caused de ANTECEDENT CAUSES	e disease, eoth.) (B) DUE TO			
hed	ort foilure, asthenia, etc. It means the any or complication which caused de ANTECEDENT CAUSES SEASES OR CONDITIONS, if any	e disease, eoth.) (B) DUE TO y, giving			
DIS rise	ort foilure, asthenia, etc. It means the ury or complication which caused de ANTECEDENT CAUSES	e disease, eoth.) (B) DUE TO y, giving			
DIS rise	ort foilure, asthenia, etc. It means the control of complication which caused de ANTECEDENT CAUSES SEASES OR CONDITIONS, if any late to the course (A) state of the course of	e disease, eoth.) (B) DUE TO y, giving			
DIS rise UN	ort foilure, asthenia, etc. It means the control of complication which caused de ANTECEDENT CAUSES SEASES OR CONDITIONS, if any la the abave couse (A) standard transfer of the condition last.	e disease, eoth.) (B) DUE TO y, giving lating the (C)			
DIS	ort foilure, asthenia, etc. It means the complication which caused de ANTECEDENT CAUSES SEASES OR CONDITIONS, if any la the abave couse (A) standard the conditions c	e disease, eoth.) (B) DUE TO y, giving lating the (C)		uspelod	
DIS rise UN	ort foilure, asthenia, etc. It means the property of complication which caused de ANTECEDENT CAUSES SEASES OR CONDITIONS, if any la the abave couse (A) standard CONDITION last. Il HER SIGNIFICANT CONDITIONS CON	(B) DUE TO y, giving taking the (C) NTRIBUTING CD TO THE	MS TUMON S	IF YES. WERE FINDING	GS CONSIDERED
DIS nise UN	ort foilure, asthenia, etc. It means the property of complication which caused de ANTECEDENT CAUSES SEASES OR CONDITIONS, if any la the abave couse (A) standard the couse (A) standard the conditions condition	NTRIBUTING CD TO THE	MS TUMOY S	IF YES, WERE FINDING	GS CONSIDERED F DEATH?
DIS rise UN	ANTECEDENT CAUSES EASES OR CONDITIONS, if any or la the abave couse (A) standard conditions considered to the couse of th	e disease, eoth.) (B) DUE TO Y, giving lating the (C) NTRIBUTING ED TO THE TION FOR WHICH OPERATION RMED	MS TUMON S	IF YES, WERE FINDING CAUSES O	F DEATH?
DIS rise UN	ANTECEDENT CAUSES SEASES OR CONDITIONS, if any in the abave couse (A) statement of the abave couse (A) statement of the abave couse (B) in the abave couse (A) statement of the abave couse (B) in the abave couse (A) statement of the abave couse (B) in the abave conditions conditions could be abave could be	NTRIBUTING ED TO THE 21B. PLACE OF INJURY (e.g., in home, form, foctory, steet, of home, steet, of the position of the home, form, foctory, steet, of the position.	M S TUMOY Solar No. 208, IN C	IF YES, WERE FINDING	F DEATH?
DIS rise UN OT TO DIS 19A	ANTECEDENT CAUSES EASES OR CONDITIONS, if any in the abave couse (A) statement of the abave couse (A) statement of the abave couse (B) in the abave couse (A) statement of the abave couse (B) in the abave couse (A) statement of the abave couse (B) in the abave couse (A) statement of the abave couse (B) in the abave conditions cousing it. Date of operation (B) in the abave couse (B) in t	(B) DUE TO Y, giving lating the (C) NTRIBUTING (C) TO THE TON FOR WHICH OPERATION RMED	M S TUMOY Solar No. 208, IN C	IF YES, WERE FINDING CAUSES O	F DEATH?
DIS rise UN OT TO DIS 19A 21A 21A 21A 21A 06	ANTECEDENT CAUSES EASES OR CONDITIONS, if any in the abave couse (A) statement of the abave couse	ne disease, seth.) (B) DUE TO Y, giving lating the (C) NTRIBUTING (C) TO THE TION FOR WHICH OPERATION RMED 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	M S TUMOY Solar No. 208, IN C	IF YES, WERE FINDING CAUSES O	F DEATH?
DISTRIBUTION OF TOOLS	ANTECEDENT CAUSES EASES OR CONDITIONS, if any or complication which caused de ANTECEDENT CAUSES EASES OR CONDITIONS, if any or complication was an anteceded to the course (A) standard to the course (A) standa	NTRIBUTING D TO THE 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) (Hour) 21E. INJURY OCCURRED While At Not Whil	20A. AUTOPSY? (Yes or No) 20B, YES IN Con or obout 21C. WHERE DID (NIJURY OCCUR?	IF YES, WERE FINDING CAUSES O	F DEATH?
DISTRIBUTION OF CAPE	ANTECEDENT CAUSES EASES OR CONDITIONS, if any in the abave couse (A) statement of the abave couse	INTRIBUTING INTERPOLATION (Hour) 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.,] (Hour) 21E. INJURY OCCURRED While At Not While At Work	20A. AUTOPSY? (Yes or No.) 20B, IN Con or obout 21 C. WHERE DID (fice bldg., INJURY OCCUR?	IF YES, WERE FINDING CAUSES O	F DEATH?
DISTRIBUTION OF CAPE	ANTECEDENT CAUSES EASES OR CONDITIONS, if any or complication which caused de ANTECEDENT CAUSES EASES OR CONDITIONS, if any or complication was an anteceded to the course (A) standard to the course (A) standa	INTRIBUTING INTERPOLATION (Hour) 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.,] (Hour) 21E. INJURY OCCURRED While At Not While At Work	20A. AUTOPSY? (Yes or No.) 20B, IN Con or obout 21 C. WHERE DID (fice bldg., INJURY OCCUR?	IF YES, WERE FINDING CAUSES O	F DEATH?
DIS rise UN OT TO DIS 19A OF (AP CAP CAP CAP CAP CAP CAP CAP CAP CAP C	ANTECEDENT CAUSES EASES OR CONDITIONS, if any in the abave couse (A) statement of the abave couse	(Hour) 21E. INJURY OCCURRED While At	M S TUMOV SO NO 208, IN CO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	IF YES, WERE FINDING CAUSES O	give exact location)
DISCORDED TO THE CONTROL OF THE CONT	ANTECEDENT CAUSES SEASES OR CONDITIONS, if any or complication which caused de ANTECEDENT CAUSES SEASES OR CONDITIONS, if any or complication with caused de ANTECEDENT CAUSES THE ANTECEDENT CONDITION CONDITIONS CAUSING IT. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATT (notify medical examine) TOTAL CONTRIBUTING CAUSE OF ATT (notify medical examine) TOTAL CONTRIBUTING CAUSE OF CONTRIBUTIONS CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTIONS CAUSE OF CAUSE OF CONTRIBUTIONS CAUSE	NTRIBUTING ED TO THE 21B. PLACE OF INJURY (e.g., inhome, form, foctory, street, of etc.,) (Hour) 21E. INJURY OCCURRED While At Not While Work At Work attended the deceased fram alive an 7	M S TUMOV SOBRE OF No. 20B. IN CO. 19	IF YES, WERE FINDING CAUSES O	give exact location)
DISTRICT OF CAPPER CAPP	ANTECEDENT CAUSES EASES OR CONDITIONS, if any in the abave couse (A) statement of the abave couse	NTRIBUTING ED TO THE 21B. PLACE OF INJURY (e.g., inhome, form, foctory, street, of etc.,) (Hour) 21E. INJURY OCCURRED While At Not While Work At Work attended the deceased fram alive an 7	M S TUMOV SOBRE OF No. 20B. IN CO. 19	IF YES, WERE FINDING CAUSES OF CAUSE	give exact location)
DISTRICT OF CAPPER CAPP	ANTECEDENT CAUSES SEASES OR CONDITIONS, if any in the abave couse (A) statement of the couse (A) stat	NTRIBUTING DIE TO NTRIBUTING DIE TO THE TION FOR WHICH OPERATION RMED 21B. PLACE OF INJURY (e.g., in home, lorm, foctory, street, of etc.) While A1 Not While A1 Work A1 Work attended the deceased fram diabave. (1) (We) (did) (did not)	20A. AUTOPSY? (Yes or No) 20B, IN Con or about 21C. WHERE DID fine bldg., INJURY Occur? 21F. HOW DID INJURY Occur? 1966 1966 and that in (in the bldy after death.	IF YES, WERE FINDING CAUSES O (If in Boltimore City, 9) CCUR?	give exoct locotion) 17 19 6 eath accurred an the d
DISTRICT OF CAPPER CAPP	ANTECEDENT CAUSES SEASES OR CONDITIONS, if any in the abave couse (A) statement of the couse (A) stat	(Hour) 21B. PLACE OF INJURY (e.g., inhome, form, foctory, street, of etc.,) (Hour) 21E. INJURY OCCURRED While At Not While At Work attended the deceased fram alive an alive an M.D. Atte.	20A. AUTOPSY? (Yes or No) 20B. YES IN C n or about 21C. WHERE DID ffice bldg., INJURY Occur? 21F. HOW DID INJURY O e	IF YES, WERE FINDING CAUSES O (If in Boltimore City, 9) CCUR?	give exact location)
DIS rise UN OT 17 19 A OR	ANTECEDENT CAUSES EASES OR CONDITIONS, if any or complication which caused de ANTECEDENT CAUSES EASES OR CONDITIONS, if any or complication with caused de ANTECEDENT CAUSES EASE OR CONDITION last. II HER SIGNIFICANT CONDITIONS COMPLETE SEASE OR CONDITION CAUSING IT. DATE OF OPERATION 198. CONDITION CAUSING IT. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF CONTRIBUTION (Month) 7(Doy) (Year) (1) (Year) (Y	(Hour) 21B. PLACE OF INJURY (e.g., inhome, form, foctory, street, of etc.,) (Hour) 21E. INJURY OCCURRED While At Not While At Work attended the deceased fram alive an alive an M.D. Atte.	20A. AUTOPSY? (Yes or No) 20B, IN Con or about 21C. WHERE DID fine bldg., INJURY Occur? 21F. HOW DID INJURY Occur? 1966 1966 and that in (in the bldy after death.	IF YES, WERE FINDING CAUSES O (If in Boltimore City, 9) CCUR?	give exoct locotion) 17 19 6 eath accurred an the d
DIS rise UN OT 17 19 A OR	ANTECEDENT CAUSES EASES OR CONDITIONS, if any in the abave couse (A) states of the abave couse	(Hour) 21B. PLACE OF INJURY (e.g., inhome, form, foctory, street, of etc.,) (Hour) 21E. INJURY OCCURRED While At Not While At Work attended the deceased fram alive an alive an M.D. Atte.	20A. AUTOPSY? (Yes or No) 20B. YES IN C n or about 21C. WHERE DID ffice bldg., INJURY Occur? 21F. HOW DID INJURY O e	IF YES, WERE FINDING CAUSES O (If in Boltimore City, 9) CCUR?	give exact location) 19 eath accurred an the c
DISTRIBUTION OF TOOLS	ANTECEDENT CAUSES SEASES OR CONDITIONS, if any in the abave couse (A) statement of the abave couse	While At Work attended the deceased fram alive an diabave. (1) (We) (did) (31th not) Attended At Work M.D. Attended At Work M.D. Attended At Work M.D. Attended At Work M.D. Attended Attended the deceased fram Att	20A. AUTOPSY? (Yes or No) 20B, IN Con or obout 21C. WHERE DID fine bldg., INJURY Occur? 21F. HOW DID INJURY Occur? 1966 and that in (inview the bady after death.	IF YES, WERE FINDING CAUSES OF CAUSE	give exoct locotion) 19 eath accurred an the description of the desc
DISTRIBUTION OF THE PROPERTY O	ANTECEDENT CAUSES EASES OR CONDITIONS, if any in the abave couse (A) states of the abave couse	While At Not While At Work attended the deceased fram alive an	20A. AUTOPSY? (Yes or No) 20B. YES IN Control of the bidg. INJURY Occur? 21F. HOW DID INJURY Occur? 21F. HOW DID INJURY Occur? 1966 1966 and that in (invited the bidg) after death. 23D. ADDRESS EMATORY 24D. LOCATIO	IF YES, WERE FINDING CAUSES OF CAUSE	give exoct locotion) 17 19 6 eath accurred an the d
DISTRIBUTION OF TOTOLOGY OF TO	ANTECEDENT CAUSES EASES OR CONDITIONS, if any or complication which caused de ANTECEDENT CAUSES EASES OR CONDITIONS, if any or complication which caused de ANTECEDENT CAUSES EASES OR CONDITIONS, if any or complete course (A) standard conditions condi	While At Not While At Work attended the deceased fram alive an	20A. AUTOPSY? (Yes or No) 20B. YES IN Control of the bidg. INJURY Occur? 21F. HOW DID INJURY Occur? 21F. HOW DID INJURY Occur? 1966 1966 and that in (invited the bidg) after death. 23D. ADDRESS EMATORY 24D. LOCATIO	IF YES, WERE FINDING CAUSES OF CAUSE	give exoct locotion) 19 19 Path accurred an the d ATE SIGNED 17/6 1, or county) (State
DISTRIBUTION OF THE PROPERTY O	ANTECEDENT CAUSES EASES OR CONDITIONS, if any or complication which caused de ANTECEDENT CAUSES EASES OR CONDITIONS, if any or la the abave couse (A) standard conditions cond	(Hour) 21E. INJURY OCCURRED While At Not While At Work attended the deceased fram	20A. AUTOPSY? (Yes or No) 20B. YES IN Control of the bidg. INJURY Occur? 21F. HOW DID INJURY Occur? 21F. HOW DID INJURY Occur? 1966 1966 and that in (invited the bidg) after death. 23D. ADDRESS EMATORY 24D. LOCATIO	IF YES, WERE FINDING CAUSES OF CAUSE	give exoct locotion) 19 19 Path accurred an the d ATE SIGNED 17/6 1, or county) (State
DISTRIBUTION OF THE PROPERTY O	ANTECEDENT CAUSES EASES OR CONDITIONS, if any or complication which caused de ANTECEDENT CAUSES EASES OR CONDITIONS, if any or la the abave couse (A) standard conditions cond	While At Not While At Work attended the deceased fram alive an	20A. AUTOPSY? (Yes or No) 20B. YES IN Control of the bidg. INJURY Occur? 21F. HOW DID INJURY Occur? 21F. HOW DID INJURY Occur? 1966 1966 and that in (invited the bidg) after death. 23D. ADDRESS EMATORY 24D. LOCATIO	IF YES, WERE FINDING CAUSES OF CAUSES OF CAUSES OF CAUSES OF COUR? (If in Boltimore City, 19 CCUR? (If in Boltimore City, 19 CCUR?	path accurred an the description or county) (State Signed ADDRESS



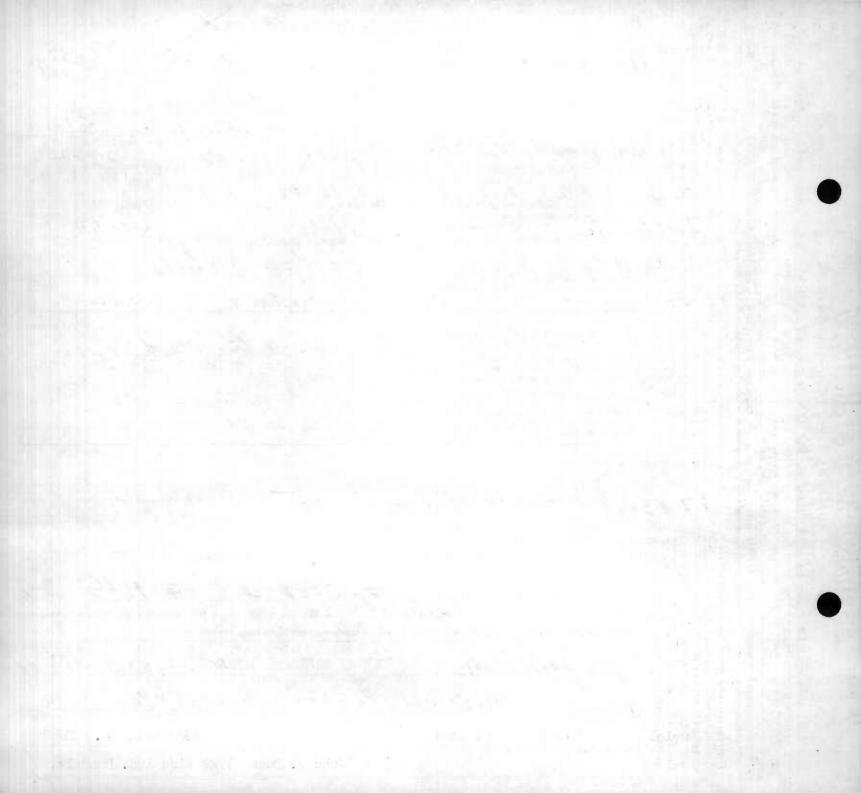
Hagerstown & May clash Co.	BALTIMORE CITY	HEALTH DEPARTMENT	2 111	66 U736a
M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	
T. NAME OF DECEASED RODNEY	PERR	LOTT 2. DATE	AND HOUR OF DEATH	4 52 PW
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. CO	UNTY I A	titution: residence before admission)
FULL NAME OF (If not in hospitol or institution, given the HOSPITAL OR oddress or location)	e street		outside city limits, write RI	
91 (1111 00101/5 4)	LOCKTAL	D. STREET ADDRESS	(If rurol, give locotion)	11.05
The CHILDREN'S H	INC	B. DATE OF BIRTH	REMUNT 19. AGE (In years	If Under 1 Yr If Under 24 Hrs.
M W Wever	DIVORCED (specily) Wamed	1-30-61	o lost birthdoy)	Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 10B, KIND OF B one during most of working life, even if retired)	USINESS OR INDUSTRY	DA ARYLE	oreign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	Bryan
Richard Yerr	oti	carol	yn A. A	0004XXXXX
5. Wos Deceosed Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give wor or dotes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT Richard	I Perrott	ADDRESS
18. 751.2	CAUSE OF	' 0	02.00 151	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A)	a nomal	ies Jembal	All his life
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	ruce shalus.	Lupertorate	el
injury ar camplication which caused death.) ANTECEDENT CAUSES	(B) Que	um, spring	bifield etc	June Girth
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	(c) Zw	unionia,	insmition	4 -
UNDERLYING CONDITION last.		(
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR WI WAS PERFORMED	HICH OPERATION	20A. AUTOPSY? (Yes or	Nol 20B. IF YES, WERE F	INDINGS CONSIDERED ISES OF DEATH?
U IZIA, ACCIDENT WAS UNDERLING IZIB, P	LACE OF INJURY (e.g., in form, foctory, street, of	or obout 21C. WHERE DIE fice bldg. INJURY OCCUR	(If in Boltimore	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E, I	NJURY OCCURRED	VO	INJURY OCCUR?	
(APPROX) NONE While	At Work		^	10
22. I certify that (I) (this hospital) attended the	deceosed from	-1 60	19 0 6 10	1 0 19 6 6
that (I) (we) lost sow the deceased alive on	/W-\ / 11\ / 11\\			ion death accurred on the dat
ond hour ond from the couses stated obove. (1)	(we) (did) (did not) v	tew the bady offer dear	in.	23B. DATE SIGNED
XX our Colin	M.D. Atte	mding Med. Director	Stoff Phys.	7-18-61
23C. PHYSICIANS NAME (Type) KOPITS. Steven, E		23D. ADDRESS	n's Hosn	Fal Balto. 1
	ME OF CEMETERY OF CRE	MATORY 24E	LOCATION CIT	y, town, or county) (Stote)
= /00/10	Rest Haven Ce	metery /	dagerstown	Md.
25A. DATE REC'D JULEAUH DEPT. 25B. NAME OF	REGISTRAR	25C. FUNERAL DIREC	Why - Q. H	0101
VS 150-REV. 1/1/65	C. Volker M.A	Kest Haven	Funeral Chape	l Hagerstown, Md.





FUNERAL DIRECTOR: IMPORTANT

00 00000	BALTIMORE CITY	HEALTH DEPARTMENT	\ /	66 07200
BIRTH NO. 66 07366	CERTIFICA	TE OF DEATH	Registered No	66 07366
M.E. CASE NO.	CERTITO			
Type or Print)		2. DATE AN	HOUR OF DEATH	1966055
heresa 11	racey	¥	uly 18=	DM DM
B. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (WHOLE	deceased lived. If in	stitution; residence before odunssion)
		A. STATE B. COON	2 +	
FULL NAME OF (If not in hospital or instit	ution, give streel	Mill. D	allemere	/
HOSPITAL OR oddress or location)		C. CITY OR TOWN (If outs	side city limits, write R	URAL ond give township)
10 1 10	. / /	Balto -	Dunks	ek 35-00
Maryland General.	HOSPITAL	D. STREET ADDRESS (If r	urol, give location)	
Targana genera	4 a spar acc	2708 Tila	Pau DA	21222
V	*			
	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	0 11 1	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Manths: Doys Haurs Min.
tamel White	Varried	8-16-06	50	
A. USUAL OCCUPATION (Give kind of work 108, KI		11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF
one during most of working lite, eyen if retired)		11 0		WHAT COUNTRY?
mouspirite,		16. d.		U.S.H.
FATHERS NAME		14. MOTHERS MAIDEN NAM	A E	
11.110 . 17		Pa 1.	Nin/	0
Matthew Du	1rns	Variana	Nielest	2
. Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown) (If yes, give wor or doles of se		11. 06.	2	5
NO -	No	ausoui	ra	Same
18. / 7 / 1	CAUSE C	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY			010	ONSET AND DEATH
LEADING TO DEATH	1	a compensa	1d. Keren	sd.
(This does not mean the mode of dying,	e.g., DUF TO	000100010	0000000	
heart failure, asthenia, etc. 11 means the di				
injuly of complication which caused death.				
ANTECEDENT CAUSES	(B)			
DISEASES OF COMPITIONS "	DUE TO			
rise to the above couse (A) stoling				
UNDERLYING CONDITION last.) lhe (C)		*********************	
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING IT.				
DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMEN	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B, IF YES, WERE F	INDINGS CONSIDERED
7-13-66 WAS PERFORME	Pa la levean	1 NO	IN CERTIFIENG CAL	JSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF	hame, form, factory, street, c	office bldg., INJURY OCCUR?	W III POMINION	eny, give exact toconom
DEATH (notify medical examiner)	etc.)			
21D. TIME (Manth) (Day) (Year) (Hour	21E, INJURY OCCURRED	21 F. HOW DID INJ	JRY OCCUR?	
OF INJURY	While At The Not Whi			
(APPROX.)	Work Al Work			1020
22 1	and the deserved from	7-626b	7	-1800
22. I certify that (1) (this hospital) atter	ided the deceased train	du 1	7	1900
that (1) (we) last saw the deceased aliv	e on fluly /8	30019 66 and the	ot in (my) (aur) api	nion death occurred on the dat
and hour and from the causes stated obe	Was (I) (Washella) (all)	view the hady after death		
0	יים (וויפואלמומ) (מום חפון)	view life body diler deoin.		DATE SIGNED
23A. SIGNATURE	1.			238, DATE SIGNED
1/11. Mas masdo	wsay M.D. Att	ending Med.	Stoff Phys.	duly 18 4/2
23 C. PHYSICAN'S		23D. ADDRESS		17 1
23C. PHYSIZIAN'S NAME (Type)	11 1	0 - 10	1 0 11	30
Viglundur/hov	laproteinsson9.	403 Nottina	ham Hd/	Belto 21229
A. BURIAL CREMATION, 248, DATE	24C. NAME of CEMETERY of CR	EMATORY 240	CATION (Ci	ty, town, or county) (State)
REMOVAL (Specify)		2.704 E		
Burial 7/22/66	Oak Lawn		Baltir	more, Md. 21224
	AME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
		John J. Duda		Ave. Dundalk,
111 20 1066 10 1	B. E. Faskey MA	Domin of Duck	- INCE HITOC	
\$ 150-REV. 1/1/65 UL DU 1000				Md.



	337	07	,	- 424	
--	-----	----	---	-------	--

BALTIMORE CITY HEALTH DEPARTMENT

Registered Na	66	07367
-		-

1	BIRTH NO.	,	CERTIFICA	TE OF DEATH	Registered Na	. 00 0/35/
	M.E. CASE NO. 1. NAME OF DECEASED (DO	mle o V	021(11110)		ND HOUR OF DEAT	ч
	(Type or Print)	pko) KANIV	KA		7-19-66	2 201
1	3. PLACE OF DEATH IN BALTIMORE, MA	RYLAND	<u>// H</u>			institution: residence before admission)
ll				A. STATE B. COU	NTY	
	FULL NAME OF (If not in haspital HOSPITAL OR address or location	or institution,	give street	Marylan	ol	
	INSTITUTION	111/				e RURAL and give township)
				Balti mu		1-04
1	35 CHURCH HOM	= 4 40	SP.		f rural, give location)	,
					Esse 4 St.	
II	5. SEX 6. RACE		D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE ((n years (ost birthdoy)	Months Days Hours Min.
IL	t w		OWED	Aug & 7,41885	80/	
	10A. USUAL OCCUPATION (Give kind of worldone during most all warking lile, even if retired)	10B, KIND OI	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign cauntry)	12. CITIZEN OF WHAT COUNTRY?
	Housewife	*****		AUSTRIA		
1	13. FATHERS NAME	HOM	EMAKER	14. MOTHER'S MAIDEN NA	ME	Austria
-				PAULINE HAVA	SHOK	
1	SAMUEL SAWKA	2	13 (000111		DITOIL	
l	15. Was Deceased Ever in U. S. Armed Fa (Yes, no or unknown) (If yes, give wor or date	es of service)	SECURITY NO.	17. INFORMANT		ADDRESS
ı	No		212-18-5025	Samuel Popko	2234 Essex	x Street
1	18.			F DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DI	RECTLY				ONSET AND DEATH
	LEADING TO DEATH		(4)	nucerdial trail	ul	76 Louise
	(This does not meen the mode of heart failure, asthenia, etc. It means		DUE TO	1		
ı	injury or complication which coused		6	4. 1 1. 1	1	A .
I	ANTECEDENT CAUSES		(B) U	views elevotre C	udioves even	6 years
1			DUE TO	nyocardial fail uterio sclustic E	Distres	
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the (C)						
l	UNDERLYING CONDITION Iosl.					
l	_ 11					
	OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING		G D D	1 1. 11.		
		IT.	ceucu	al braufficience	<u></u>	
	19A. DATE OF OPERATION 19B. CON WAS PER		WHICH OPERATION	20 A. AUTOPSY? (Yes of	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
	ER C					
l	OP CONTRIBUTING CAUSE OF		LPLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltime	ore City, give exact (acotion)
ı	DEATH (notify medical exominer)	etc.				
	D 21D, TIME (Month) (Dov) (Year)	(Hour) 21E	. INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
I	OF INJURY		nile At Not Whi	le		
1		Wo			1.2	
J	22. I certify that (I) (this haspita	1) attended t			19 66 to	7-19 1966,
I	that (I) (we) last saw the decease	ed alive an	7-19	19 66 and t	hat in (my) (our) a	pinian death accurred an the date
ĺ	and have and from the causes sta	ted abave. (1) (We) (did) (did nat)	view the bady after death		
	23A. SIGNATURE	1. 11	-			23 B. DATE SIGNED
	Jo lo fu	On/X	M.D. AH	ending Med.	Stoff	7-19-66
l	poddio.	Tho	Phy		Phys.	1-17-06
-	NAME (Type)	. 541	JUNG TIVI	23D. ADDRESS	1 11	.41
Ì	Kodela	io M	- LIM M.D.	Chench 1	one of the	agrical
	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. N	AME of CEMETERY of CR	EMATORY 24D.	LOCATION	Gry, town, or county) (State)
	Burial 7-22-1	966 0	ardens of Fait	h Del	timono Com	tr Mauriland
	25A. DATE REC'D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECTO	r conn	nty, Maryland
	JIII 2.0 1966	DO B	E. Farberna	Līlly & Zeil		001-07 Eastern Ave.
	VS 150-REV, 1/1/65	Modreil	C, 00000		or THG. 19	OI-OI DESCRIII AVE.
	49 190-KE 41 1/1/09					

CHURCH HOMEY HOM

WIDEW & D

2234 Elev W

100 - 100 A F-3

myouded Julius interscheolo ladaria che

Eukent backing

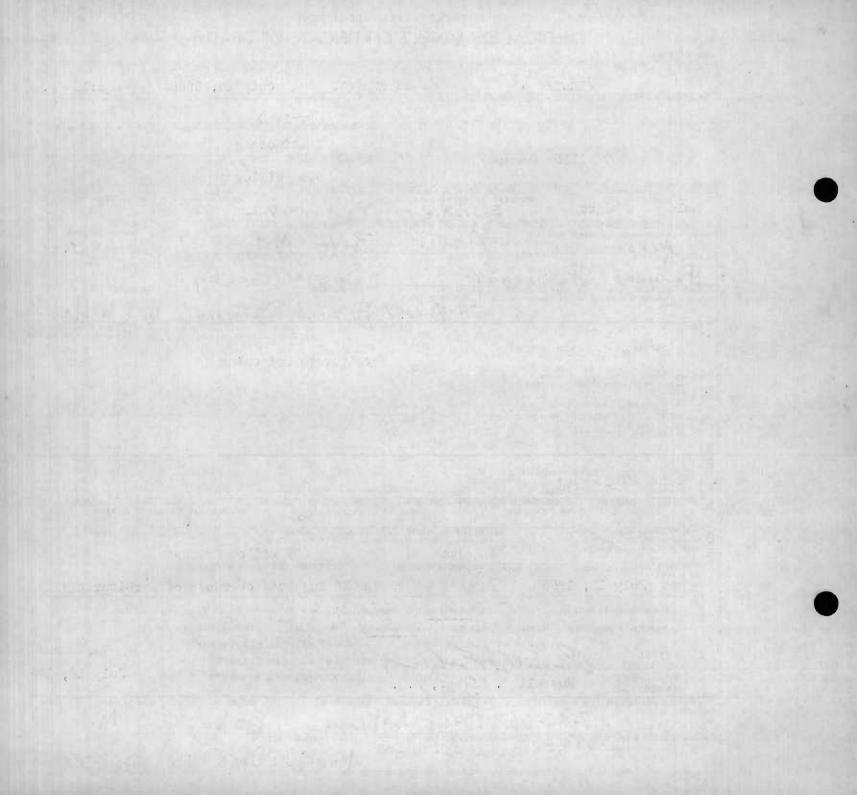
Feddie M. Mrs-Rodelio M Lim

Charol land & Rogettal

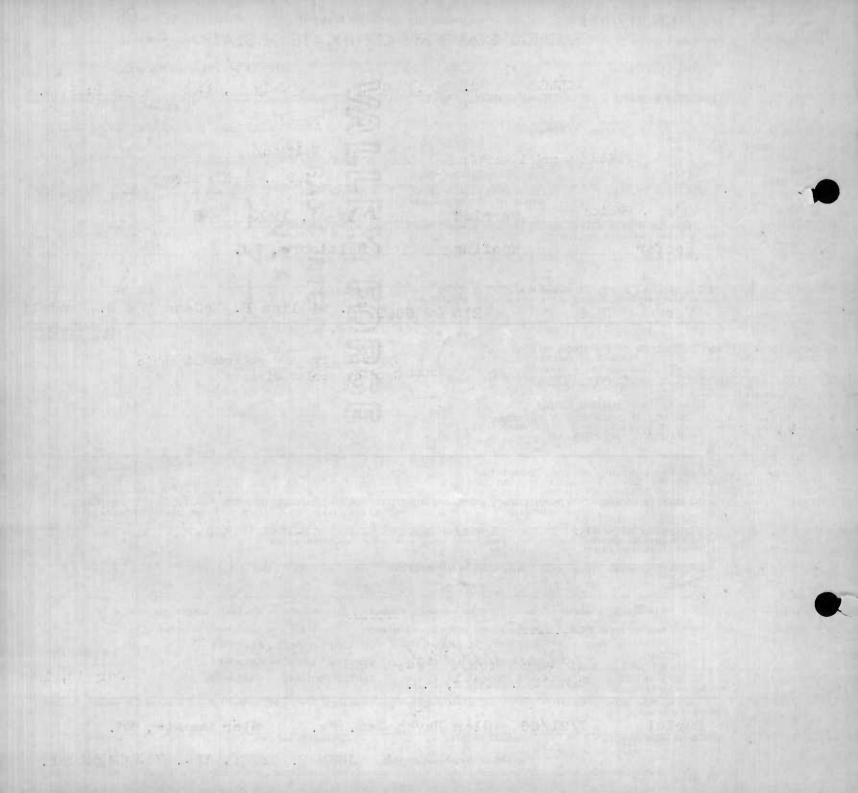
Allow the LYOLE THE BUILDING

	BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL	EYAMINED'S CEPTIEICATE OF DEATH Part

BIRT	H NO.		WEDI	CAL EX	AMIINEK 2	LEKTIFIC	LATE OF L	JEAIN Kegi	Stered No		
M.E	CASE NO.										
1. P	De or Print)	CEASED					2. DATE ANI	HOUR PRONOU	NCED DEAD		
11.11	Je di viiiii	WI	LLIAM	T	STU	RTEVANT	Ju1	y 18, 1966	5	6:15	P. M.
3. P	LACE IN BALT	TIMORE MARY	LAND, WI	HERE PRONOU	NCED DEAD	4. USUAL	RESIDENCE (Where				
						A. SIAIE	Maryland	в. С	JUNIT		
HO	L NAME OF	(IF NOT I	OR LOCA	L OR INSTITUTION)	NON, GIVE STREET	C. CITY O	R TOWN (If autside	carparate limits	write RURAL C	and give town	ship)
INS	TITUTION						Baltimore	- man	2 /	10	
		609 Wi	112	Astonsio		D CTREET	ADDRESS (If rural,	aine (année)		64	
1	65	000 WI	TIWW	avenue		D. SIREEI					
	7.0							ow Avenue			
5. S		6. RACE			VEVER MARRIED IVORCED(specify)	B. DATE OF	BIRTH	9. AGE (In year lost birthday)	Months	or 1 Yr. If Und	ler 24 Hrs.
	Male	Negro		5	inale	18-3	30-1942	_ 23			
				108. KIND OF	BUSINESS OR INDUST	RY 11. BIRTHPL	ACE (State or foreig	n cauntry)	12. CITIZ		-
done	A.	working life, ever	if retired)	1	FITO	RAL	4. Md		WHA	AT COUNTRY	1
13. 6	ATHER'S NAM				, -, , -	14. MOTHER	S MAIDEN NAME			11017	
	R	. 1 5	1 7	_		<					
16 1	DOLNI	tra =	7145	EVAN	1/ COCIAL	27 1150000	SIE 10	rcey	A D D D D C	•	
		D EVER IN U.			SECURITY NO.	17. INFORM	ANI		ADDRES	. 17	1
					2H-41-1651	Born	ard Stu	TOVANT	609	Willa	w Av
	18.	20.00			CAUS	SE OF DEATH		10.10		INTERVAL E	BETWEEN
	the 7	1000								ONSET ANI	D DEATH
	DISEA	SE OR COND LEADING T		ECTLY		Dank thus	anta Dagaa.				
	(This does	nat mean the		dying, e.g.,	DUE TO	parbicui	cate Polson	iing			
	injury or co	, asthenia, etc. mplicotian whic	h coused a	the disease, leoth.)							
		ANTECENDEN			(8)			*********			
	RISE TO TH	E ABOVE CAL	JSE (A) ST	ATING THE	DUE TO						
-	UNDERLYIN	NG CONDITIO	ON LAST.		(C)						
Ó					()						
Ħ	OTHER SIC	II NIFICANT CO	NOITIONS (ONTRIBUTIN	G						
CERTIFICATION	TO THE	DEATH BUT	NOT REL	ATED TO TH							
		R CONDITION									
岗	19A. DATE OF	OPERATION	WAS PERF		HICH OPERATION	20A. AU	TOPSY? (Yes or No)	IN CERTIFYING CA			
	0						No				
MEDICAL	UNDERLYING	CAUSE WA	5	218, P	farm, factory, street,	office bldg. IN	1C, WHERE DID (If in Boltimare City,	, give exact l	ocotian)	
0	UTING CAU	SE OF DEATH	•	etc.)	Home			ow Avenue			
Σ	21D TIME	(Month) (D	ay) (Year)	(Hour) 21	E. INJURY OCCURRED	2	F. HOW DID INJU				
	OF INJURY (APPROX.)	July 18.	1066	? w	HILE AT NOT	WHILE X	Transfed a		£ Domb	devices a dec	
		diy 10,	1300	m. W	ORK AT	WORK	Ingested o	verdose o	1 bardi	turates	3
	22.	tify that I he	ld on In	quiry _	Inspection X A	utapsy	and that an thi	s basis, death I	n my apinta	in	
	rasul	ted from: No	atural cou	Ses A	cldent Suici	de X Ho	micide U	Indetermined ma	nner		
							F MEDICAL EX				
	ACTUA	L	1	-000	61					DATE SI	GNED
	SIGNAT		/Cur	eller	when M.	D.	T MEDICAL EX			1.1 10	1000
	EXAMIN		Russe	11 S. F	isher, M.D.	ASSOCIA"	TE MEDICAL EX	CAMINER	J	July 18:	, 1900
024	NAME ((200				10:11
	BURIAL CRE		DATE	230	NAME OF CEMETERY	or CREMATO	RY 23 D. LO	CATION	City, tawn, or	county)	(Stote)
B	UrIAL	- 1/	-22-	66 1	JAH. NA	TIGNA	LK	10 Jc.		Ma.	
24A	DATE REC'D	BY HEALTH C	FPT4000	248 NAME	F REGISTRAR	24C. FI	UNERAL DIRECTOR	17		ADDRESS	
		JUL A	1300	Tobal	JE. Jankey M	M NI			111	0	ST.
					CONTRACTOR OF THE PARTY OF THE	140	RTON + U	yell !	ULKA	YKENS	ST.
-					-			9			



1.			ICAL E	KAMINER	(3 CE	KIIFICA	E OF D	EATH Regis	stered No	
[(T ₎	E CASE NO.	ASED					2. DATE AND	HOUR PRONOUN	NCED DEAD	
	pe or Printl	WILL	AM	D.	MCCA	NN	Ju1v	18, 1966		9:05 A.M.
3.	PLACE IN BALTIA	ORE MARYLANO, V	HERE PRONO	UNCED OEAO		4. USUAL RESID	ENCE (Where d	eceosed lived. If i	nstitution: residuNTY	dence before odmission)
HC	LL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTIT	UTION, GIVE STE	REET	-		corporate lights	vrite RURAL or	nd give townshipl
1	199	Union Memor	ial Hos	pital	DOA	D. STREET ADDI		ive locotion) ughes Str	eet	
5.	SEX 6.	RACE		OLVORCEO(speci		B. DATE OF BIRTI	1	9. AGE (In yeo lost birthdoy)	Months,	Ooys Hours Min.
	Male	White	Marr	ried		July 31	1900	6 5		
		ATION (Give kind of working life, even if retired)			NDUSTRY	II. BIRTHPLACE	State or foreign	country)	12. CITIZ	T COUNTRY?
13.	Roofer FATHER'S NAME		Root	ing	- 1	Baltime 4. MOTHER'S M				
		EVER IN U.S. ARME		16. SOCIAL SECURITY N		7. INFORMANT			ADDRESS	S
	Yes	WW I	es of service	215 09	6860	Mr. Wi	lliam E	B. McCan	n 124	E. Randall
FICATION	(This does no heart failure, a injury or comp AN DISEASES OF RISE TO THE UNDERLYING	EADING TO DEATH I meon the mode of the sthenio, etc. If meon the coused I tecendent cause R CONDITIONS, IF ABOVE CAUSE (A) 15 CONDITION LAST. II FICANT CONDITIONS EATH BUT NOT R	f dying, e.g., s the discose, deoth.! ES ANY, GIVING STATING THE	(B) DUE (C)	™ Car	diovascul		ceriosclen	rotic	
CERTIF	19A. DATE OF	OPERATION 198. CO		WHICH OPERATI	ION	20 A. AUTOPSY Yes		OB, IF YES, WERE N CERTIFYING CA		
EDICAL		OR CONTRIB-	21 B. hometc.l	e, form, foctory,	JRY (e.g., is street, of	n or obout 21C. V	HERE DID (II	in Boltimore City,	, give exoct lo	ocotion)
Σ	21 D TIME (OF INJURY (APPROX.)	Month) (Doy) (Ye		WHILE AT	NOT W	/HILE ;	INTRI DIO MC	Y OCCUR?		
				11 0 1111	AT W	ORK				
	22.	y that I held on	Inquiry 🗌	Inspection	_		that on this	bosis, death l	n my opinlo	n
	22. 1 certif	y that I held on			_	psy X and		bosis, deoth la		n
	22. 1 certif	od from: Natural co		Inspection	Suicide	Psy X and Homici CHIEF M	de U	AMINER AMINER	nner	DATE SIGNED
	22. I certifi resulte	RE RUSSE	ouses X Cuntle	Inspection	Suicide	Psy Momici CHIEF M	de U	AMINER AMINER	nner	
23	22. I certification of the control o	RE Russe	Juses X Juses X 11 S. Fi	Inspection Accident C	Auto Suicide Suicide D. METERY or	PSY X and CHIEF M ASSISTANT M ASSOCIATE M	de Un EDICAL EXA EDICAL EXA EDICAL EXA 23D. LO	AMINER AMINER	City, town, or	DATE SIGNED July 18, 1966 county) (Stote)



IMPORTAN DIRECTOR: FUNERAL

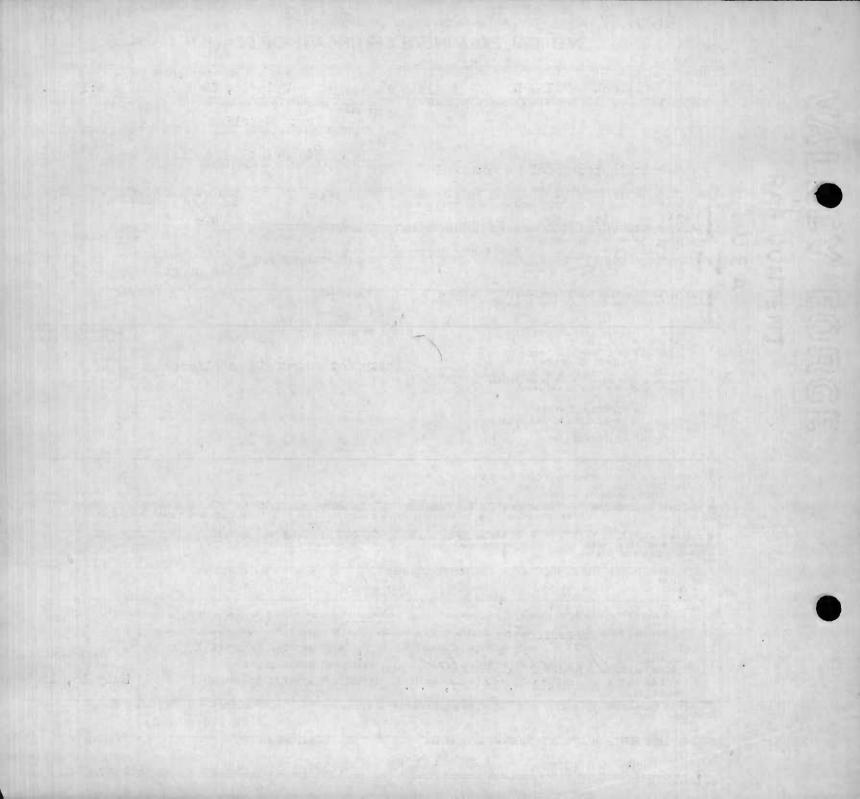
VS 150-REV. 1/1/65

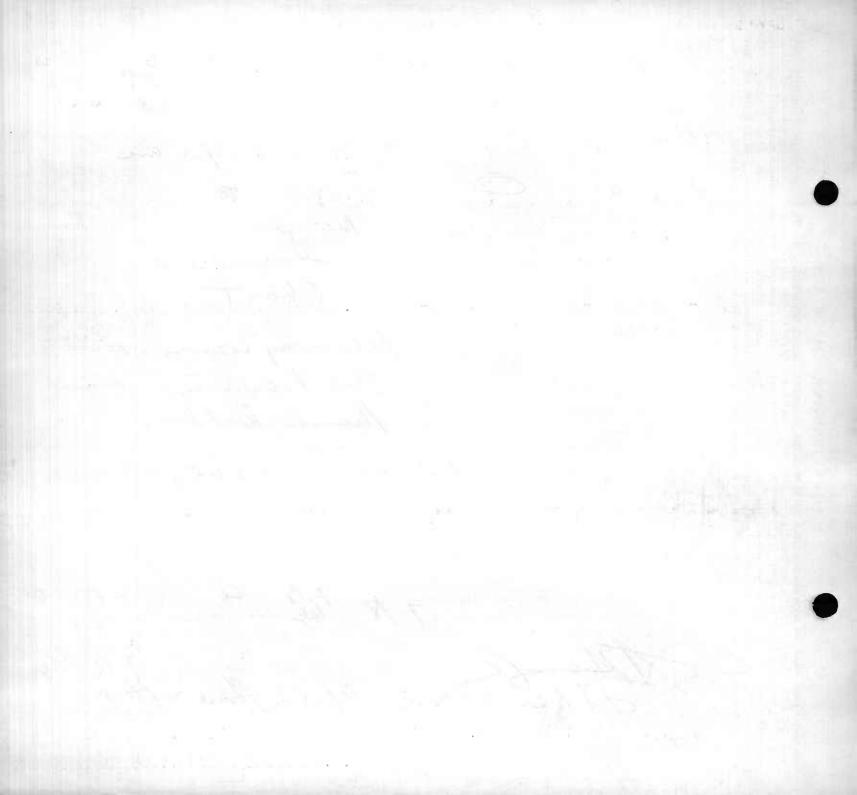
If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTED INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (our) opinion death occurred on the date 23B, DATE SIGNED town, or county)

	00	0/3/1	
BIRTH	NO.	MEDICAL	E

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	Registered N
---------	------------	-------------	----	-------	--------------

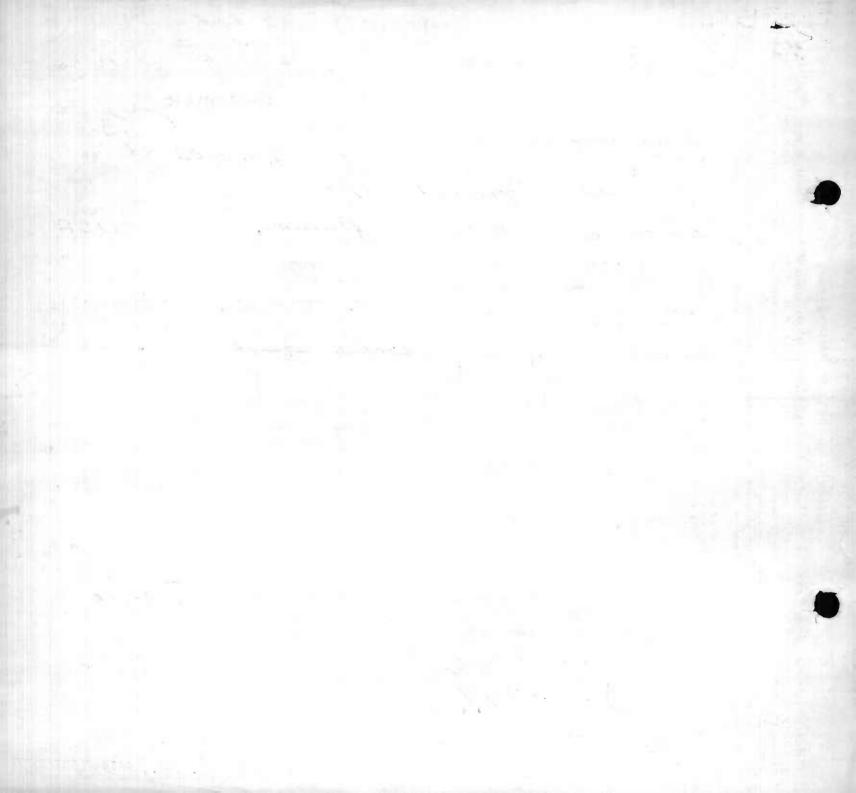
BIKIH NO.	MED	ICAL LA	AMINALKO	LKIIICA	IL OI D	LATITICOSTE		
M.E. CAS								
Type or P	of deceased inf WilliaalBERT I	NGOLD	William A		July :	18, 1966	6:30	A. M.
3. PLACE	IN BALTIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESID	ENCE (Where d	leceosed lived. If instit B. COU	ution: residence belore o	dmission)
FULL NAM	ME OF (IF NOT IN HOSPIT OR ADDRESS OR LOCA	AL OR INSTITU	ITION, GIVE STREET		orth Card		Bullet	
HOSPITAL	OR ADDRESS OR LOCA	ATION)		C. CITY OR TO	WN (If outside	corporate limits, write	RURAL and give townsh	110)
					ghpoint		V = 3 0	100
00	Westminster Hote	el Ro	om #21	D. STREET ADD	RESS (If rurol,	give locotion)		
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRT	Н	9. AGE (In years	II Under 1 Yr. If Unde Months ; Doys ; Hours	
Ma1	e White	divor	OIVORCED (specify)	May 9 7	097	4550-45	1	1
IOA. USUA	L OCCUPATION (Give kind of wor						12. CITIZEN OF	-
done during	most of working lile, even if retired) laborer	farmit	ıma faatamı	75 !	,		WHAT COUNTRY?	
13. FATHER			ure factory	Kenta 14. MOTHER'S M	AIDEN NAME			
	rs NAME Terry Ingo				C	Ollie Boggs		
	DECEASED EVER IN U.S. ARMED unknown), (If yes, give wor or dote		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
				Cumby F	HOme			
18.	L 21 10		CAUS	E OF DEATH			INTERVAL BE	
	0.551455 00 6 00 00 00 00 00						ONSET AND	DEATH
	DISEASE OR CONDITION DI LEADING TO DEATH		Fa	tty metamo	rnhoeie	of liver		
heo	s does not meon the mode of it failure, asthenia, etc. It means ry or camplication which coused	the disease,	DUE TO		a priodución	VIIIV.CI		
Die	ANTECENDENT CAUSI EASES OR CONDITIONS, IF A		(B)		· · · · · · · · · · · · · · · · · · ·			
RISE	TO THE ABOVE CAUSE (A) S		DUE TO					
	DERLYING CONDITION LAST.		(C)					
<u> </u>	11							
S to	HER SIGNIFICANT CONDITIONS THE DEATH BUT NOT RESEASE OR CONDITION CAUSING	LATED TO T						
19A. D	ATE OF OPERATION 198. COM	DITION FOR	WHICH OPERATION	20A. AUTOPSY	17 (Yes of No) 2	OB. IF YES, WERE FIN	DINGS CONSIDERED	
0 7	WAS PER	FORMED		Yes		Yes	ES OF DEATH?	
₹ 21 A. E	RLYING OR CONTRIB-	21 B.	PLACE OF INJURY (e.g., form, foctory, street,	in or obout 21C. V	WHERE DID (f in Boltimore City, giv	e exoct location)	
	CAUSE OF DEATH.	etc.)	, ionii, iociory, sileel,	onice bidg, 1143 OK	r occur:			
21 D T		r) (Hour) 2	1E. INJURY OCCURRED	21 F. H	OW DID INJUI	RY OCCUR?		
OF IN.		m. V	VHILE AT NOT	WHILE				
22.	I certify that I held an	ngulry 🗌	Inspection Au	rapsy X an	d that on this	basis, death in my	y apinian	
	resulted from: Natural ca	usasX A	coldent Suicio		ide U	ndetermined manne		
	10301100 1101111 1101101 110	03634	accident Joich		EDICAL EX			
A	CTUAL //	,00 Cx	/ . / . /	ACCICTANT N			DATE SIG	SNED
	IGNATURE VERSE	400	M.C	•			W. 1. 10	1066
	EXAMINER'S Russe	11 S. Fi	sher, M.D.	ASSOCIATE A	MEDICAL EX	AMINER	Muly 18,	1900
23A, BURI	AL CREMATION, 238. DATE	23	C. NAME of CEMETERY	or CREMATORY	23 D. LO	CATION (City,	town, or county) ((State)
REMOVAL		20/20			Hig	gh Point N (3.	
	TOVAL July E REC'D BY HEALTH DEPT.	19/66 248 NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR		ADDRESS	
					Maria de la companya della companya			
	JUL 20 1966	12 O. B	E Farberma	Ullri	ch Funer	ral Home F	Baltimore Md	
VS 151-RI	EV. 1/1/65				1 131			11





A.E. CASE NO.						
NAME OF DEC			HOROWITZ		ND HOUR PRONOUNC	
		ssie	ZMANAKKAK	July	17, 1966	5:12 P.M.
PLACE IN BALI	TIMORE, MARYLAND, W	HERE PRONOC	INCED DEAD	A. STATE	B, COL	titution: residence before admission
ILL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	Marylar		e RURAL and give township)
STITUTION	ADDRESS OR LOCA	(IION)			10	
	3816 Dorche	eter Ro	had	Baltimo		1 60
40	JOIO DOICH	SECT IC	, ad		rchester Roa	h
SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs
Female	White		DIVORCED (specify)		76 MMM	Months Doys Hours Min.
			DOW BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (State or fore		12. CITIZEN OF
	working life, even it retired)	4-	THOUE	HUNGARY		WHAT COUNTRY?
FATHER'S NAM	EWIFE	1 A	T HOME	14. MOTHER'S MAIDEN NA	ME	_ usn
2	BERGER			UNKNOWN		
	D EVER IN U.S. ARMED		16. SO CIAL	17. INFORMANT		ADDRESS
	(If yes, give wor or dote	s of service)	SECURITY NO.	1100 0100101	OLUTO IFAG	Doubleanes Dood 40
NO				MKS. BAKBAKA	UAVIS, 6508	Baythorne Road #8
(This does the head foilure, injury or condition of the head of th	SE OR CONDITION DI LEADING TO DEATH not meen the mode of the country, ostherio, etc. It means mplication which caused ANTECENDENT CAUSE OR CONDITIONS, IF A LE ABOVE CAUSE (A) S' NG CONDITION LAST.	dying, e.g., the disease, death.)	(A) Ar DUE TO	teriosclerotic F	leart disease	
(This does in heart foilure, injury or con DISEASES RISE TO TH UNDERLYIN	LEADING TO DEATH not meen the mode of , osthering, etc. If meens mplicotion which coused ANTECENDENT CAUSE OR CONDITIONS, IF A LE ABOVE CAUSE (A) S	dying e.g., the disease, death.) S INY, GIVING TATING THE	(B)	teriosclerotic H	leart disease	2
(This does the heart foilure, injury or condition of the DISEASES RISE TO THE UNDERLY!!	LEADING TO DEATH not meen the mode of , osthenio, etc. If meens mplicotion which coused ANTECENDENT CAUSE OR CONDITIONS, IF A IE ABOVE CAUSE (A) S' NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	dying e.g., the discose, death.) SS NY, GIVING TATING THE CONTRIBUTING LATED TO T	(B)(C)			
(This does in heart foilure, in jury or continuity or cont	LEADING TO DEATH not meen the mode of , osthenio, etc. If meens mplicotion which coused ANTECENDENT CAUSE OR CONDITIONS, IF A IE ABOVE CAUSE (A) S' NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT RE	dying e.g., the discose, death.) SINY, GIVING TATING THE CONTRIBUTING LATED TO T OUT	(B)(C)	20A. AUTOPSY? (Yes or N		INDINGS CONSIDERED
(This does in heart foilure, injury or continuity or conti	LEADING TO DEATH not meon the mode of , ostherio, etc. If meons mplicotion which coused ANTECENDENT CAUSE OR CONDITIONS, IF A LE ABOVE CAUSE (A) S NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT RE IR CONDITION CAUSING F OPERATION 198, CON	dying e.g., the discose, death.) SS NY, GIVING TATING THE CONTRIBUTING LATED TO TO GIT. IDITION FOR TO FORMED	(B). (C). (C). NG HE WHICH OPERATION PLACE OF INJURY (e.g.		o) 208, IF YES, WERE FI	INDINGS CONSIDERED USES OF DEATH?
(This does the of foilure, injury or continuity or continu	LEADING TO DEATH not meen the mode of , osthenio, etc. If meens mplication which caused ANTECENDENT CAUSE OR CONDITIONS, IF A IE ABOVE CAUSE (A) S' NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING F OPERATION 19R CON WAS PER III CAUSE WAS	dying e.g., the discose, death.) SS LNY, GIVING TATING THE CONTRIBUTING LATED TO TO SIT. SORMED 218. home etc.)	(B). (C). (C). NG HE WHICH OPERATION PLACE OF INJURY (e.g.	20A. AUTOPSY? (Yes or N NO , in or about 21C. WHERE DID office bldg., INJURY OCCUR?	o) 208. IF YES, WERE FI IN CERTIFYING CAU (If in Boltimore City, g	INDINGS CONSIDERED USES OF DEATH?
(This does in head failure, injury or continuity or contin	LEADING TO DEATH not meen the mode of , osthenio, etc. If meens mplicotion which coused ANTECENDENT CAUSE OR CONDITIONS, IF A IE ABOVE CAUSE (A) S' NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING FOPERATION 198, CON WAS PER II CAUSE WAS OR CONTRIB- JSE OF DEATH.	dying e.g., the disease, death.) S NY, GIVING TATING THE CONTRIBUTING LATED TO TO GIT. PORMED 218. home etc.)	OUE TO (B) (C)	20A. AUTOPSY? (Yes or N NO , in or about 21C. WHERE DID office bldg., INJURY OCCUR?	o) 208. IF YES, WERE FI IN CERTIFYING CAU (If in Boltimore City, g	INDINGS CONSIDERED ISES OF DEATH?
OTHER SIGTO THE DISEASE OF THE UNDERLYING UTING CAU	LEADING TO DEATH not meen the mode of , osthenio, etc. If meens mplicotion which coused ANTECENDENT CAUSE OR CONDITIONS, IF A IE ABOVE CAUSE (A) S' NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING FOPERATION 198, CON WAS PER II CAUSE WAS OR CONTRIB- JSE OF DEATH.	dying e.g., the disease, death.) S NY, GIVING TATING THE CONTRIBUTINATION TO T GIT. 218. home etc.)	OUE TO (B) (C). (C). (C). (C). (B) (C) (C) (C) (C) (C) (C) (C)	20A. AUTOPSY? (Yes or N NO , in or obout 21C. WHERE DID office bldg., INJURY OCCUR?) 21F. HOW DID IN WHILE	o) 208. IF YES, WERE FI IN CERTIFYING CAU (If in Boltimore City, g	INDINGS CONSIDERED USES OF DEATH?
(This does in head failure, injury or continuity (Approx.)	LEADING TO DEATH not meon the mode of , osthenio, etc. If meons mplicotion which coused ANTECENDENT CAUSE OR CONDITIONS, IF A IE ABOVE CAUSE (A) S' NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT RE IR CONDITION CAUSING FOPERATION 198 CON WAS PER IL CAUSE WAS USE OF DEATH. (Month) (Doy) (Yeo	dying e.g., the disease, death.) SS NY, GIVING TATING THE CONTRIBUTING THE CONTRIBUTING THE 218. home etc.) (Hour) 2 m. V	DUE TO (B) DUE TO (C)	20 A. AUTOPSY? (Yes or N NO, in or obout 21 C. WHERE DID office bidg., INJURY OCCUR? 21 F. HOW DID IN WORK	o) 208, IF YES, WERE FIN CERTIFYING CAU	INDINGS CONSIDERED USES OF DEATH? give exoct locotion)
OTHER SIGNOTHER	LEADING TO DEATH not meen the mode of , osthenio, etc. If meens mplication which caused ANTECENDENT CAUSE OR CONDITIONS, IF A IE ABOVE CAUSE (A) S' NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT RE RE CONDITION CAUSING FOPERATION 19R CON WAS PER LE CAUSE WAS OR CONTRIB- JSE OF DEATH. (Month) (Doy) (Yeo	dying e.g., the disease, death.) SS NY, GIVING TATING THE CONTRIBUTING THE CONTRIBUTING THE 218. home etc.) (Hour) 2 m. V	DUE TO (B) DUE TO (C)	20A. AUTOPSY? (Yes or N NO , in or obout 21C. WHERE DID office bldg., INJURY OCCUR?) 21F. HOW DID IN WHILE	o) 208, IF YES, WERE FI IN CERTIFYING CAU (If in Boltimore City, g IJURY OCCUR?	INDINGS CONSIDERED USES OF DEATH? ive exoct location) my opinion ter
(This does in heart failure, in jury or continuity (Approx.) 21 D TIME OF INJURY (Approx.) 22. cerresult	LEADING TO DEATH not meon the mode of osthenio, etc. If meons mplicotion which coused ANTECENDENT CAUSE OR CONDITIONS, IF A IE ABOVE CAUSE (A) S' NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING FOPERATION 198 CON WAS PER LIC CAUSE WAS USE OF DEATH. (Month) (Doy) (Yeo	dying e.g., the disease, death.) SS NY, GIVING TATING THE CONTRIBUTING THE CONTRIBUTING THE 218. home etc.) (Hour) 2 m. V	DUE TO (B) DUE TO (C)	20A. AUTOPSY? (Yes or N NO , in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID IN WORK utopsy ond that on the de Homicide CHIEF MEDICAL I	o) 208. IF YES, WERE FI IN CERTIFYING CAU (If in Boltimore City, g JURY OCCUR?	INDINGS CONSIDERED USES OF DEATH? give exoct locotion)
OTHER SIGNOTHE DISEASE OF INJURY (APPROX.) (This does in heart follows to the control of the co	LEADING TO DEATH not meen the mode of costhering etc. If meens mplication which coused ANTECENDENT CAUSE OR CONDITIONS, IF A IE ABOVE CAUSE (A) S' NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING FOPERATION 198 CON WAS PER IC CAUSE WAS OR CONTRIB- ISE OF DEATH. (Month) (Doy) (Yeo LITTER NET CONDITIONS INTERPRETATION 198 CON WAS PER IC CAUSE WAS INTERPRETATION 198 CON WAS PER IC C	dying e.g., the disease, death.) SS NY, GIVING TATING THE CONTRIBUTING THE CONTRIBUTING THE 10 IT. 11 IDITION FOR TORNED 218. home etc. 11 (Hour) 2 12 II. 13 III. 14 III. 15 III. 16 III. 17 III. 18 III. 19 III. 10 III. 10 III. 21 III. 21 III. 21 III. 21 III. 21 III. 22 III. 31 III. 42 III. 43 III. 44 III. 45 III. 46 III. 47 III. 48 III. 4	DUE TO (B) DUE TO (C)	20 A. AUTOPSY? (Yes or N NO , in or obout 21 C. WHERE DID office bidg., INJURY OCCUR? 21 F. HOW DID IN WORK utopsy ond that on the Chief MEDICAL I D. ASSISTANT MEDICAL I	O) 208. IF YES, WERE FIN CERTIFYING CAU (If in Boltimore City, g JURY OCCUR? This bosis, deoth in Undetermined monnex EXAMINER X EXAMINER X EXAMINER	INDINGS CONSIDERED ISES OF DEATH? give exact location) my opinion ner DATE SIGNED
(This does in heart foilure, in jury or continuity or cont	LEADING TO DEATH not meon the mode of , osthenio, etc. If meons mplicotion which coused ANTECENDENT CAUSE OR CONDITIONS, IF A IE ABOVE CAUSE (A) S' NG CONDITION LAST. INTECANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING F OPERATION 198 CON WAS PER IL CAUSE WAS DOR CONTRIB- JUST CONTRIB-	dying e.g., the disease, death.) SS.NY, GIVING TATING THE CONTRIBUTING THE CONTRIBUTING THE CONTRIBUTING THE 218. home etc.) 1) (Hour) 2 m. V mquiry uses X A SEELI S.	DUE TO (B) DUE TO (C)	20A. AUTOPSY? (Yes or N NO , in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID IN WORK utopsy ond that on a de Homicide CHIEF MEDICAL I D. ASSISTANT MEDICAL ASSOCIATE MEDICAL	O) 208. IF YES, WERE FIN CERTIFYING CAU (If in Boltimore City, g IJURY OCCUR? This bosis, deoth in Undetermined monn EXAMINER X EXAMINER X EXAMINER X EXAMINER	INDINGS CONSIDERED USES OF DEATH? ive exoct location) my opinion ter
OTHER SIGNATE OF INJURY (APPROX.) 21 A EXTERNA UNDERLYING UTIME OF INJURY (APPROX.) 22. cerresult cerresult	LEADING TO DEATH not meon the mode of , osthenio, etc. If meons mplicotion which coused ANTECENDENT CAUSE OR CONDITIONS, IF A IE ABOVE CAUSE (A) S' NG CONDITION LAST. INTECANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING F OPERATION 19R CON WAS PER IL CAUSE WAS DOR CONTRIB- JUST CONTRIB-	dying e.g., the disease, death.) SS NY, GIVING TATING THE CONTRIBUTING THE CONTRIBUTING THE CONTRIBUTING THE 218. home etc.) (Hour) 228. home etc.) (Hour) 238. 238.	DUE TO (B) DUE TO (C)	20A, AUTOPSY? (Yes or N NO , in or obout 21C, WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID IN WHILE WORK utopsy ond that on the continuous of the co	OI 208. IF YES, WERE FIND CERTIFYING CAU (If in Boltimore City, go This bosis, death in Undetermined monn EXAMINER EXAMINER EXAMINER COCATION (City	INDINGS CONSIDERED ISES OF DEATH? pive exoct locotion) my opinion ner DATE SIGNED July 18, 196

	ce i	ו אייניניון	BALTIMORE CIT	Y HEALTH DEPARTMENT		66 07374
BIRTH NO.		17374	CERTIFICA	ATE OF DEATH	Registered Na	00 01014
NAME O	F DECEASED			2. DATE AN	NO HOUR OF DEATH	1
Type or Prin	" Franc	in a	dele	16.3	uly 66	10:45
. PLACE C	Froh S	ORE, MARYLAND		4. USUAL RESIDENCE (Whe	ere deceased lived. If	institution: residence before admiss
				A. STATE B. COUN		
FULL NA		hospitol or institu or locotion)	tion, give street		altimou	
INSTITUT	ION			C. CITY OR TOWN (If ou	tside city limits, write	RURAL ond give township)
0	1.	2 of	Ralt.	Baltimo		33-00
0,	nai Hos	p. 01	Dail	D. STREET ADDRESS III	rurol, give location)	Rd. 40
40				940		1 / 48
. SEX	6. RACE	7. MAR	RIED, NEVER MARRIED OWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Months: Doys Hours Mi
F	u	,	married	1/12/01	65	
OA. USU AL	OCCUPATION (Give)		D OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (State or fore	-	12. CITIZEN OF
one during	most of working life, even	if retired)		Alabama	HAUTCALLEDY	WHAT COUNTRY?
	usewife		AT HOME			USA
3. FATHER	SNAME			14. MOTHER'S MAIDEN NA	WE	
	UNKNOWN			UNKNOWN		
5. Wes De	ceased Ever in U. S. Anknown) III yes, give w	Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
res, no or ur	nknown) If yes, give w	or or dotes of sen	security No.			
A	60				HSIN. 940 C	LMSTEAD ROAD #8
18.	433.01		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDI	TION DIRECTLY				
heart f	loes not meon the ailure, asthenia, etc. or complication whic	II means the dis	ease,	ASEVD		
	ANTECEDENT	CAUSES	(B)			
DISEA	SES OR CONDITIO		DUE TO			
	la the abave car					u0000gm
UNDE	RLYING CONDITION	last.				
_	11					
	SIGNIFICANT COND					
DISEA	SE OR CONDITION C	AUSING IT.				
DI 19A. DA		198. CONDITION	FOR WHICH OPERATION	20A. AUJOPSY? (Yes or No	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
ERT				ges		
U 21 A) A	CCIDENT WAS UNDENTRIBUTING - CAUS		home, form, foctory, street,	office bldg., INJURY OCCUR?	IIf in Boltime	ore City, give exact location)
	(notify medical exami		etc.)			
□ 21D. TI	ME Month) Do	y) Yeor) Hour)	21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
S OF INJ	URY		While At Not W			
TAPPRO	1.4.1		Work At Wo	rk - / a /	7	7/1///
22. 1 c	ertify that (1) (this	haspital) atten	ded the deceased from	0/28/66	.19ta	16/06 19
that (I) (we) last saw the	deceased alive	on ///6/	1966 and th	hat in (my) (aur) at	inian death accurred an the
			//	view the bady after death.		
	SNATURE	Ases stated apa	ve. (i) (me) (ala) (ala hai)	view the body offer death.		23B. DATE SIGNED
23A. 310	STATURE / SAME	ion le		ttending Med.	Stoff or	0117/1/
	MATHU	and a	M.D. P	hys. Director	Stoff Phy s.	111166
	YSICIAN'S	-		23D. ADDRESS		77 11
N/	ME TYPE	NIOF	1/1V M.I	о.		
244 611814	L CREAMATICAL TOTAL	DATE	4		LOCATION	City, town, or county) ISto
	VAL ISpecify) 248.	DATE 2	4C. NAME of CEMETERY OF	REMAIORI 24D. L	LOCATION	City, lowin, or county) 1310
CRF					PARTIMAN	m 441-marks \$54-00
4116	MATTON	7/19/66	LOUDEN PARK		BALTIMORE	E. MARYLAND
25A. DATE	MATION REC'D BY HEALTH D	7/19/66 DEPT. 25B. NA	LOUDEN PARK	25C. FUNERAL DIRECTO	R	ADDRESS
25A. DATE	MATION REC'D BY HEALTH D	7/19/66 DEPT. 25B. N/	ME OF REGISTRAR		R	ADDRESS
25A. DATE	JUL 20	7/19/66 DEPT. 258. N.	LOUDEN PARK AME OF REGISTRAR LE FalleyMA		R	



VS 150-REV, 1/1/65

Baltimore, Maryland



+		H NO. 66 U7376	CERTIFICA	TE OF DEATH	Registered No	• 66 07376		
1	1, N	AME OF DECEASED e or Print) Charles W	eitzel	Hul	HOUR OF DEATH	966 10.20 M.		
		LACE OF DEATH IN BALTIMORE, MARYLAND	on, give street	A. STATE B. COUNTY	Υ ,	Salta		
	- 11	oddress or locotion) Church Home +	Hospital	C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore				
		35 11 20 20 20 20 20 20 20 20 20 20 20 20 20		5 Elmont Ave. 6.				
3	5. S	Male White MIDO	IED, NEVER MARRIED WED, DIVORCED (specify)	1/8/88	AGE (In years st birthdoy)	If Under 1 Yr, the Under 24 Hrs. Months Doys Hours Min.		
		Own Business Output Output	of Business or Industry ting Eng.	Mary Lav	n country)	12. CITIZEN OF WHAT COUNTRY?		
2	13. [FATHERS NAME WiLLiam Weit	-ze L	ELizabet		ves.		
3	(Yes	Was Deceased Ever in U. S. Armed Forces? ,,no or unknown) (If yes, give wor or dotes of serving the Washington) (If yes, give wor or dotes of serving the Washington)	16. SOCIAL SECURITY NO.	Mrs Mary G. Wei		ADDRESS		
3	-	18. DISEASE OR CONDITION DIRECTLY	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH		
		LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injuty or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving						
	ATION	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stoting the UNDERLYING CONDITION last. C) Mutastatic Carcinoma (C) Mutastatic Carcinoma OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE						
		DISEASE OR CONDITION CAUSING IT. 19 A. DATE OF OPERATION 19 B. CONDITION F. WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F IN CERTIFYING CAU	INDINGS CONSIDERED USES OF DEATH?		
		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicot exominer)	21B. PLACE OF INJURY (e.g., in home, lorm, foctory, street, or etc.)		(If in Boltimore	City, give exact location)		
5	0	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While At Work	21F. HOW DID INJU	RY OCCUR?			
000		22. I certify that (I) (this hospital) attended the deceased from June 24 1966 to July 18 1966, that (I) (we) last sow the deceased alive on July 18 1966 and that in (my) (our) opinion death occurred on the date						
I SOIII		and haur and from the causes stated above	e. (1) (We) (did) (did nat) v	riew the body after death.	itoff	23B, DATE SIGNED		
n and d		23C. PHYSICIAN'S NAME (Type)	Phy		(fre	1/18/00 1/Ama		
200	24A	REMOVAL (Specify)	C. NAME OF CEMETERY OF CRI		CATION (Cit	y, town, or county) (State)		
	25A	. DATE REC'D BY HEALTH DEPT. 258. NA	Parkwood Cemeter	Baj.	timore, Co.	ADDRESS (3C)		
-		7000	, , ,	massanne	mer you	~ 1401 DIVERNITA		

arowit in a

Church Home + Hespital 5 Elmont Ave. 6

MALE White Married 1/8/83 78

Marykand 115A

William Weitzel Elizabeth Grees

Un Bhagan 215-4090

Carrimon a of Postato Shane

Vremie Coma.

Mehrhin Carcinoma

July 18 June 24 66 July 18 80

1/18/4

m .1.	66 U7377 BALTIMORE CITY HEALTH DEPARTMENT 66 U7377
1-624	BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.
11-460	M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD
	JOSEPH MARSHALL (MAJCHRZAK) July 14, 1966 3:50 P M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) WATYLAND Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL on give township) Baltimore
	Mercy Hospital D. STREET ADDRESS (If rural, give location) 2911 Dillon Street
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED(specify) lost birthdoy) Months, Doys, Hours, Min.
	Male White Married 6-28-1/ 55
	10A. USUAL OCCUPATION (Give kind of work) 0B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) L CUITZEN OF WHAT COUNTRY?
	13. FATHER'S NAME U.D.Y I'VE VEPT, MAIDEN NAME
	Casimir
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown, (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Margaret Marshall
	No 213-01-4568 2911 Diller St. Baltimere Md.
	18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY
	(This does not mean the mode of dying e.g., heart failure, asthenia, etc. It means the disease,
	injury or complication which caused death.)
	ANTECENDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
	(C)
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT.
	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UNING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimare City, give exact location) hame, farm, factory, street, office bidg. UNING CAUSE OF DEATH.
	21D TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
TANK THE PARTY OF	(APPROX.) m. WHILE AT NOT WHILE
	I certify that I held an Inquiry Inspection X Autopsy and that an this basis, death in my opinion
	resulted from: Natural couses X Acciden Suicide Homicide Undetermined monner
	ACTUAL CHIEF MEDICAL EXAMINER DATE SIGNED
	SIGNATURE haile I well M.D. ASSISTANT MEDICAL EXAMINER 7/15/66
	NAME (Type) Charles 5. Petty, M.D.
	23A. BURIAL GREMATION, 23B. DATE 23C. NAME at CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (State)
	Burial 7-20-66 New Cothedral Cemetery Baltimore, Md. V
	24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR Nicholas T. Matthews
	3021 Eastern Ave Baltimore My
	VS 151-REV. 1/1/65

66 07378		BALTIMORE CITY HEAL	LTH DEPARTMEN	T	-	66 17378
	MEDICAL EX	CAMINER'S C	ERTIFICA1	E OF D	EATH Registe	
M.E. CASE NO.						
1. NAME OF DECEASED				2. DATE AND	HOUR PRONOUNC	D DEAD
(Type or Print)	HATTIE	C. DEXAMBLE	BRAMBLE	7-15	5-66	6:05 P.M.
	ATE TONO	(1)	STATE Marylar	ENCE (Where de	ceosed lived. If inst B. COU	tution: residence before odmission)
HOSPITAL OR ADDRESS OF	HOSPITAL OR INSTITU	JHON, GIVE STREET			corporate limits, write	RURAL and give township)
NSTITUTION			Glen Bu			52-00
ST. AGNES I	HOSPITAL			ess (If rorol, gi		
5. SEX 6. RACE		NEVER MARRIED DIVORCED(specify)	3-1-188	1	9. AGE (In years lost birthday)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
Female White		WIDOWED			77	
ioa, USUAL OCCUPATION (Give kind done during most of working life, even if HOUSEWI	retired)	F BUSINESS OR INDUSTR	Decree of the second	State or foreign ARYIA ND	country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
3. FATHER'S NAME			14. MOTHER'S M	AIDEN NAME		
C	LAURA STEWART					
15. WAS DECEASED EVER IN U.S. (Yes, no or unknown) (II yes, give wor	MRS DOR	OTHA BROU	WN 1300 BI	ADDRESS ROADVIEW BLVD 2100		

HOOPMATEE		MAKI A ND	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
CLIFTON PARK	ŒR	LAURA STEWART	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (II yes, give wor or dotes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
O	NONE	MRS. DOROTHA BROWN, 1300	BROADVIEW BLVD. 210
18.		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		riend warrhoges dus kombi rebrak infarct	ر ما ما ما آه
(This does not mean the mode of dying, e.g., heart foilure, astheria, etc. It means the disease, injury or complication which caused death.)	DUE TO HY	pertensive arterioscleroti diovascular disease	.c
ANTECENDENT CAUSES	Car	diovasculai disease	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO		
2	(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR	THE	on hemorrhages, due to blu	
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED head in	WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?
V 21A. EXTERNAL CAUSE WAS 21B. COUNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	e, iarm, loctory, street,	in or obout 21C. WHERE DID (If in Boltimore Citoffice bldg., INJURY OCCUR? 1300 Broadview Blvd	
OF INJURY	WHILE AT NOT WORK AT W	21F. HOW DID INJURY OCCUR? WHILE X ORK	
22. I certify that I held an Inquiry		ond that on this basis, death	in my opinion
resulted from: Natural couses	Accident V Suicid	e Hamicide Undetermined m	anner
ACTUAL OF AAA	71	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE CASSELL C	M. D	ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	7-16-66

NAME (Type) RUSSELL S. FISHER, M.D.

23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY
REMOVAL (Specify)

23D. LOCATION (City, town, or county)

BURIAL 7-19-66 LOUDON PARK CEMETERY
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR

BALTIMORE,

(1) 1717 TE

JUL 20 1966 Wolself E. Farkeyma

HOWARD H. HUBBARD, 4107 WILKENS AVENUE21229

VS 151-REV. 1/1/65

Letter from Dr. Springate, M.D. Examiner's Office, 9/7/66

and

		66 07	270 B	ALTIMORE CITY I	HEALTH DEPARTMENT		00 00000
BIRT	TH NO.	60 07	5/3	FRTIFICAT	TE OF DEATH	Registered Na	66 07379
	E CASE NO.			EKTII IÇA			
	NAME OF DECE	ASED	M D	-	2. DATE AN	ID HOUR OF DEATH	
- "	/	minony.	11. 01	Jaia	7-	- 16- 66	2:451
3. P	PLACE OF DEA	TH IN BALTIMORE, MAR	YLAND		4. USUAL RESIDENCE (Who	ie deceosed lived. If ins	titution: residence before admis
					11 -1	En Ann	a Bin add
	FULL NAME OF	F (If not in hospital a	or institution, give stree		7 7 04		
- 11	NSTITUTION				C. CITY OR TOWN (If ou	tside city limits, write R	URAL and give township)
1	on.	1 //	1/ 1/		GLEN	BUILIVIE	- 5 d = 0
11	of las	yland tier	wd 1705,)	D. STREET ADDRESS (III	iurol, give location)	25/7
1	6		/		KLOW	1 60X	2260.
5. S	EX	6. RACE	7. MARRIED, NEVER		. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Months; Doys Hours; Mi
	M	41	WIDOWED, DIVOR	1	6/79/00	lost birthday 74	Months Doys Hours Mi
.43	1151141 0 661	BATON (City Lind of time I	MARK		1. BIRTHPLACE (State or fore		1
		rorking life, even if retired)	IOR KIND OF BUSINE	22 OK INDUSTRI	I. BIKIHPLACE (Store of fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
	RETI	RED		1000	15772721	MOKE	21.5.
13.	FATHER'S NAM	E		1	4. MOTHER'S MAIDEN NA	ME	
	1	/ /	DC.				
	-	onstance	61001	a	otella	Carden.	ia
		Ever in U. S. Armed Forc			7. INFORMANT MDC TO	HEDECK E D:	CATA ABRESS AS A.
	ONE	ill yes, give wor or doles	or services 2FC	URITY NO.	111 fo 1100 f	nekesa e. Di	SAIA, ABANE AS 4.
	18. 163	X		CAUSE OF	DEATH		INTERVAL BETWEEN
	1	E OR CONDITION DIR	ECTLY				
		LEADING TO DEATH		(A)			
		of mean the mode of asthenia, etc. It means		DUE TO			
		plication which coused					
		NTECEDENT CAUSES		(B)			
				DUE TO			
		R CONDITIONS, if a		· Par	CINOMA OF	1111113	10 mon.
		obove cause (A)	sloling the	(C) C///	03100111101	$\sim \alpha / \nu G$	
		CONDITION IGS.					
z			0.11=0.11=1.1.0				
ATIO		CANT CONDITIONS CO					
A	DISEASE OR (CONDITION CAUSING IT					
FIC	19A. DATE OF		DITION FOR WHICH O	PERATION	20A. AUTOPSY? (Yes or No		
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FI IN CERTIFYING CAU						The state of the s	
	21A. ACCIDEN	T WAS UNDERLYING	21B. PLACE	OF INJURY (e.g., in	or obout 21C. WHERE DID	(If in Boltimore	City, give exact facation)
CE		TING CAUSE OF	home, loim,	toctory, street, office	ce bldg., INJURY OCCUR?		
AL CE		medical examined	erc.				
CALC	DEATH (notify	medical examiner)					
DICAL C	DEATH (notify	medical examiner) (Month) (Day) (Year)	(Hour) 21E INJURY		21F. HOW DID INJ	URY OCCUR?	
DICAL C	DEATH (notify			OCCURRED Not While At Work		URY OCCUR?	

and that in (my) (aur) opinion dooth accurred on the

23D. ADDRESS

7-19-66

ond hour and from the causes stated abave. (1) (We) (dld) (Hid nat) view the bady after death.

24C. NAME of CEMETERY of CREMATORY

LOUDON PARK CEMETERY

BALTIMORE, 25C. FUNERAL DIRECTOR

24D. LOCATION

MARYLAND

(Stote)

7-16-66

HOWARD H. HUBBARD, 4107 WILKENS AVENUE 21229

VS 150-REV. 1/1/65

ADDRESS

(City, town, or county)

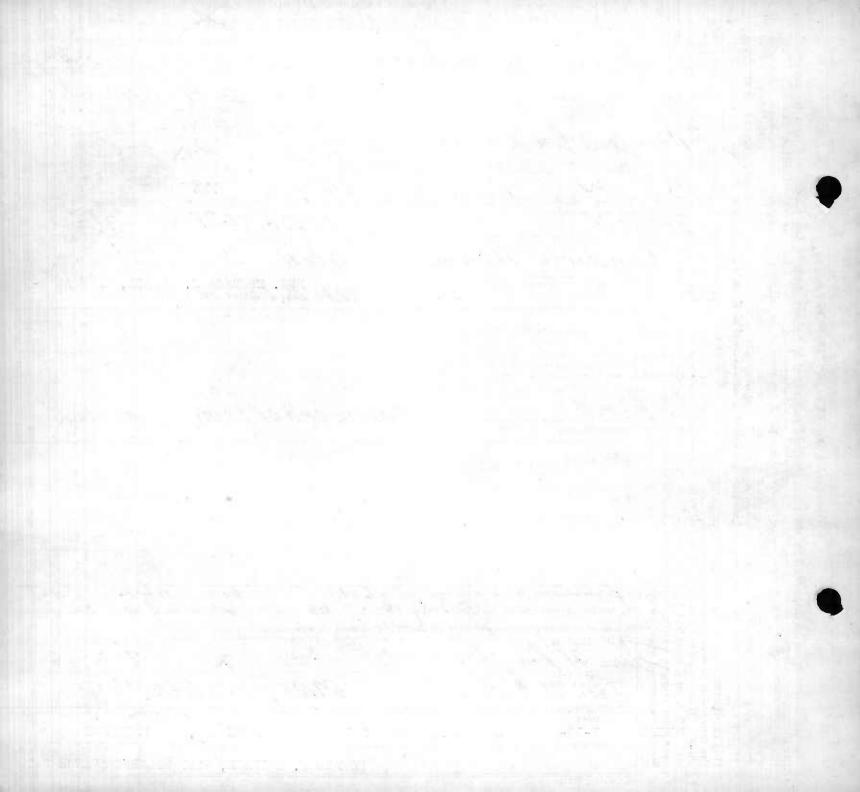
23B. DATE SIGNED

23A. SIGNATURE

23C. PHYSICIAN'S NAME (Type)

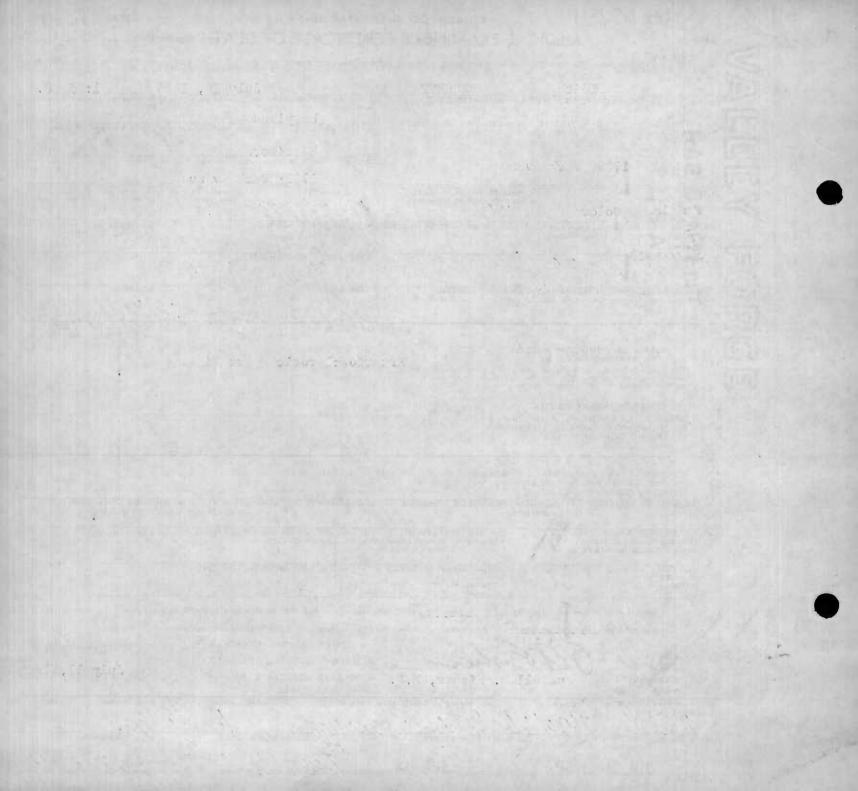
BURIAL

24A- BURIAL CREMATION, 248. DATE



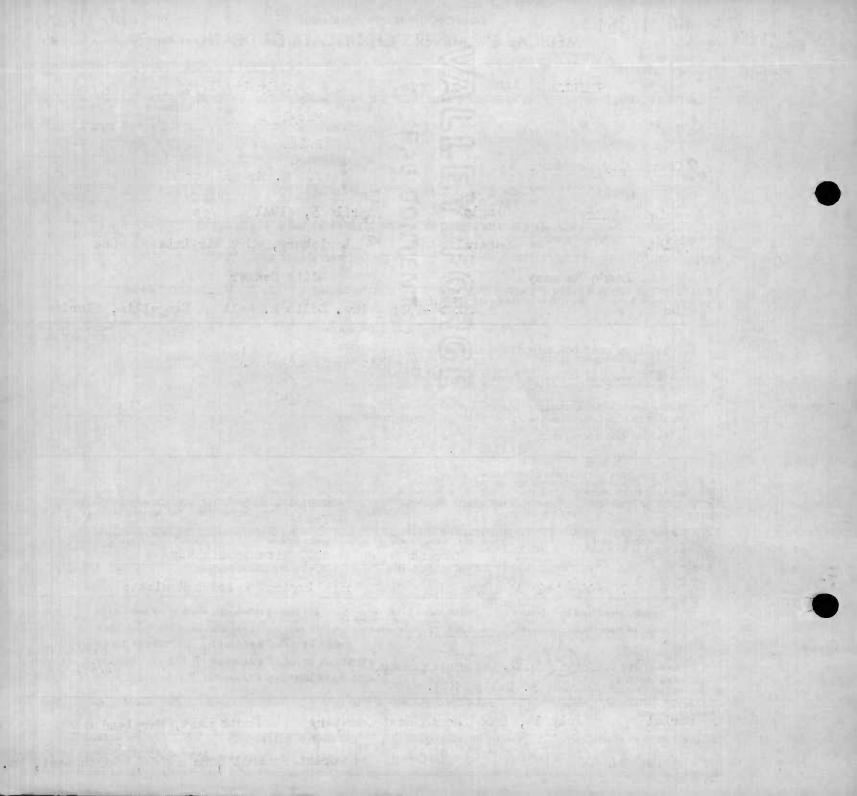
B-630
BIRTH NO.
M.E. CASI
TI. NAME
(Type of P

BIRTH NO. MEDICAL EXAMINER'S CE	ERTIFICATE OF DEATH Registered No
M.E. CASE NO.	EXTINCATE OF BEATTIME
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
Edith BARRETT	July 16, 1966 1:35 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL) OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
1729 Park Avenue	D. STREET ADDRESS (If rural, give location) 1729 Park Avenue
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDO WED DIVORCED (specify)	8. TE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
Female Colored	9/25/1488 70
TOA. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTRI	BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. AHER NAME	4. MOTHERS MAIDEN NAME
Giorne Jull.	Hostie) Royle,
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no arunknawn/lif yes, give wor or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	Tille B. South &11-HAR Lines On
	OF DEATH THE TOTAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (This does not meen the made of dying, e.g., DUF TO	eriosclerotic Heart Disease
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.	
ANTECENDENT CAUSES	
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED	20A, AUTOPSY? (Yes or Not 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
O UNDERLYING OR CONTRIB- home, form, factory, street, a	in ar obaut 21C. WHERE DID (If in Baltimare City, give exact location) office bldg., NJURY OCCUR?
UTING CAUSE OF DEATH.	
OF INJURY (Month) (Doy) (Yearl (Hourl 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m. WORK AT W	WHILE
I certify that I held an Inquiry Inspection X Aut	topsy and that on this basis, death in my opinion
resulted from: Natural causes A Accident Suicid	No.
ACTUAL (2)	CHIEF MEDICAL EXAMINER X DATE SIGNED
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER July 17, 196
EXAMINER'S Russell S. Fisher, M.D.	ASSOCIATE MEDICAL EXAMINER
23A. BURIAL CREMATION, 23B. DATE 23C. NAME OF CEMETERY OR REMOVAL (Specify)	or CREMATORY 23D. LOCATION (City, town, or coupty) (Stotel
Busies 7/20/1/2 MITAUTION	en from Buller had.
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
1111 20 10CC 00 6 9 To 0 40	Trumple 10 Himal 578740
VS 151-REV. 1/1/65	James a James 1



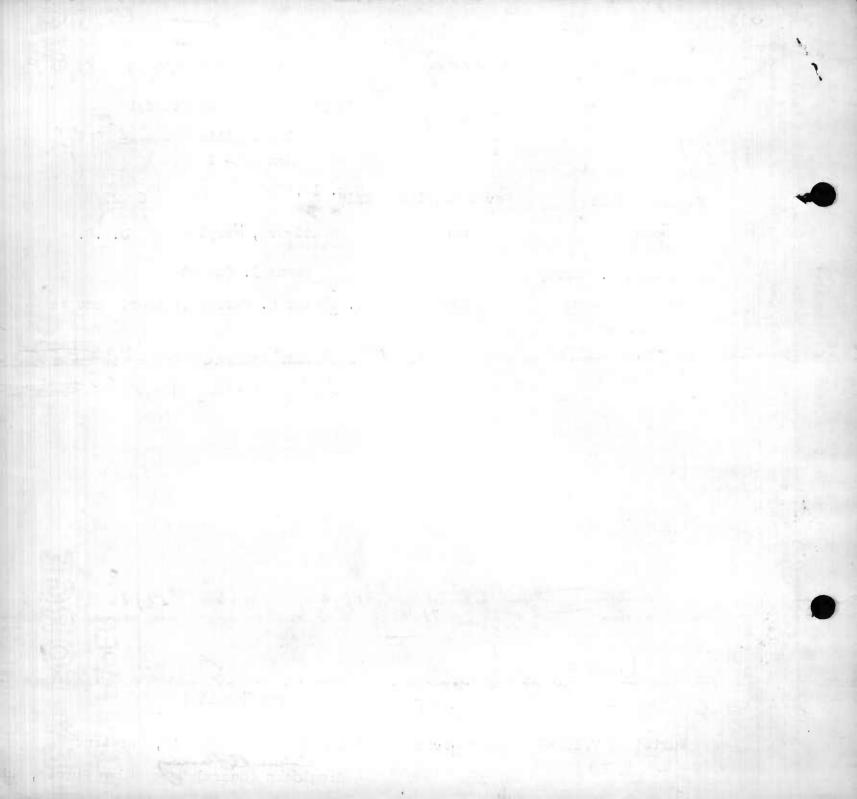
66 07381

BIRTH NO.	MEDI	CAL EX	AMINER'S CI	ERTIFICAT	E OF	DEATH Register	ed No.
M.E. CASE NO.							
1. NAME OF DE	CEASED	A				D HOUR PRONOUNCE	D DEAD
	PHYLLIS	Ann	RAMSEY		July	14, 1966	5:25 A M.
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOL	NCED DEAD	4. USUAL RESID	ENCE (Where	deceased lived. If instit	lution: residence befare admission) NTY
				Ma Ma	ryland	B. COO!	NII
FULL NAME OF	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET			e carparate limits, write	RURAN and give tawnship)
NOITUTION					1timore		11-03
~		_					
Z Unive	ersity Hospita	11		D. STREET ADDI	_		
00				11		ward Street	
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTI	1	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
Female	White	Sing	DIVORCED (specify)	April 5.	1941	25	Total Total
	CUPATION (Give kind of work						12. CITIZEN OF
dane during mast of	warking life, even if retired)						WHAT COUNTRY?
TAPTER		Gene	rat		- /	ESt Virginia	USA
13. FATHER'S NA	ME			14. MOTHER'S M.	AIDEN NAM	E	
	Lando Ra mse	ey		Edi	th Bear	mer	
	ED EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	10000		A DDRESS
(Yes, no or unknow	n) (If yes, give wor or dote	s of service)	232-66-7355	Mrs. Edi	th B	Mull Faug	allie, Florida
140			272-00-1777	ITS. BUI	. UII D.	warr pang	allie, Piolica
18.	9.5		CAUSE	OF DEATH			INTERVAL BETWEEN
DIST	ASE OR CONDITION DI	DE MEL V					ONSET AND DEATH
DISEA	LEADING TO DEATH		Cunch	at Hound	of Hood		
(This daes	nat meon the made of	dying, e.g.,	(A) GUNSI	ot Wound	or nead		
injury at co	nat meon the made of e, asthenia, etc. It means amplication which coused of	the disease, death.)					
	ANTECENDENT CAUSE		(R)				
	OR CONDITIONS, IF A		DUE TO				
	ING CONDITION LAST.	A III O THE					
Z			(C)				
E							
OTHER SIC	INFICANT CONDITIONS						100000000000000000000000000000000000000
DISEASE	DEATH BUT NOT REL		HE	0 0 0 0 0 0 0 . 0 .		o. o. ooo ooo. o. o. to coccessoooo.	
	F OPERATION 198, CON		WHICH OPERATION	20A. AUTOPSY	(Yes or No)	20B. IF YES, WERE FIN	IDINGS CONSIDERED
0	WAS PERI			Yes		IN CERTIFYING CAUS	ES OF DEATH? VAS
Z 21 A EXTERN.	AL CAUSE WAS	23.0	DI ACE OF INITIDY (
OUNDERLYING	COR CONTRIB-	home	PLACE OF INJURY (e.g., form, foctory, street, c	ffice bldg., INJURY	OCCUR?	til in bolismate City, giv	e exoci location/
UTING CA	USE OF DEATH.	etc.)	Street			ie Highway	32-00
E 21 D TIME	(Manth) (Day) (Year) (Hour) 2	E. INJURY OCCURRED			JRY OCCUR?	
OF INJURY (APPROX.)			HILE AT NOT	WHILE TO 1		Dungain Doul	late all
	7 14 66) A _{m. V}	VHILE AT NOT YORK AT W	ORK P1	aying	Russian Roul	terre
22.	rtify that I held on I	nautru 🗆	Inspection Aut		l that an th	is bosis, deoth in m	aninian
resu	Ited from: Notural car	uses A	cciden X Suicid	e Hamici	de 🔲 📗	Undetermined monne	r
	01		1)_	CHIEF M	EDICAL EX	AMINER	DATE SIGNED
ACTUA		~ 1. 1	Pely un	ASSISTANT M	EDICAL E	AMINER 3	
SIGNA		amo.	M.D.			F-7	7/14/66
EXAMI		S. Pett	y, M.D.	ASSOCIATE M	EDICAL E.	AAMINEK	
23A. BURIAL CR	(Type)		C. NAME of CEMETERY o	- CREAM ATORY	220 1	OCATION (City,	tawn, ar county) (State)
Burial	July	19, 1966	North East	Cemetery	N	orth East, M	arvland
24A. DATE REC'I	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNER	AL DIRECTOR		ADDRESS
		1,0	T. O			- Strald	holes
111	1 20 1966 (1)	1.00	. Fasherma	Gran	t Funer	al Home	North East,
VS 151-REV. 1/1	145 21						



DIRECTOR:

FUNERAL



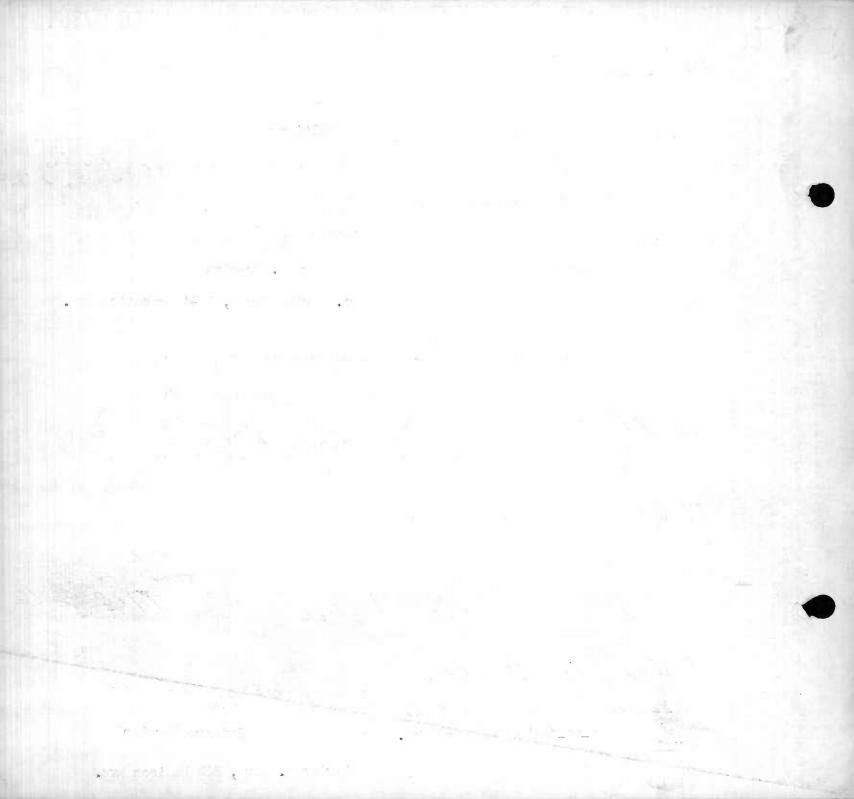
M.I	E CASE NO.	13.00							*	
1. I	NAME OF DE	CEASED				2	DATE AN	D HOUR PRONOUNCE	ED DEAD	
,	pe or rimit	CHA	ARLES		SMITH		July	15, 1966		7:45 A
3. F	LACE IN BAL	TIMORE, MARY	LAND, WI	HERE PRONOU	INCED DEAD	I A STATE		deceased lived. If insti	itution: residen	nce before odmission)
FUI	L NAME OF	(IF NOT I	N HOSPITA	L OR INSTITU	THON, GIVE STREET			e carparate limits, write	RURAL ond	give to waship)
IN S	SPITAL OR	~ DDK233	OK LOOK	11014)			timore	/	14	17 -
	171/	Dating (Ctmoot						1-	
É	1/14	Etting :	street			D. STREET ADDRES		ng Street		
5. \$	EX	6. RACE		7. MARRIED,	NEVER MARRIED	B. DATE OF BIR H		9. AGE (In years lost birthdoy)		Yr. If Under 24 Hrs.
	Male	Negr	ro	WIDOW Sil	DIVORCED (specify)	6/10/18		48	Months	ys Hours Min.
10A				TOB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (SI	ote or foreig		12. CITIZEN	OF
		working life, ever						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		COUNTRY?
2.0										
ا ئ	FATHER'S NAA	N.E				14. MOTHER'S MAI	DEN NAM			
36.	WAS DESCRIPTION		C 4 D1 4 ED	5000550	11/ 60 6111	13 11150011111			A B B B B B B B B B B B B B B B B B B B	
		ED EVER IN U.			16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
						1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	18.	- 9			CAUSE	OF DEATH			IN.	TERVAL BETWEEN
	777								0	NSET AND DEATH
	DISEA	SE OR COND	O DEATH	RECTLY	Hypomb	onciro Hon	rt Die	0260		
	(This does	not meon the	mode of	dvina e.a.	(A) Hypert	ensive Hea	Lr Dra	ease.		0====0==0==00000===00000000
	heart failure	, osthenio, etc. mplication which	It meons	the disease,						
		요즘 장면에 가장 하는 것이 들어 가장 하지 않아 있는 것이 없는 것이 없었다. 이번 하고 말하고 하셨습니다.								
	ANTECENDENT CAUSES									
		OR CONDITION			DUE TO					
	UNDERLY	NG CONDITIO	ON LAST.							
N					(C)		• • • • • • • • • • • • • • • • • • • •			
CERTIFICATION		H				1000			- 3 3- 3	
0		NIFICANT COL			NG HE Chro	nic Pneumo	nitis		193	
11		R CONDITION				THE THEUMO	117670.			••••••
H	19A. DATE OF	PERATION	19B, CON		WHICH OPERATION	20 A. AUTOPSY?	Yes or No	20B. IF YES, WERE FIL		
	2		WAS PERI	ORMED		Yes		IN CERTIFYING CAUS	SES OF DEAL	Yes
₹		L CAUSE WA			PLACE OF INJURY (e.g.,			(If in Boltimore City, gi	ve exact loca	tion)
MEDICAL		OR CONTRIB		etc.)	, form, foctory, street, o	the bidg., INJURY	OCCUR?			
ME	21 D TIME	(Month) (D	oy) (Year) (Hour) 2	1E, INJURY OCCURRED	DIE HOV	V DID INII	JRY OCCUR?		
	OF INJURY	(Monin) (D	oyi (lear				A DID INT	JKI OCCOK:		
	(APPROX.)			m. W	VHILE AT NOT YORK AT W	ORK				
	22. cer	tify that I he	ld an Ir	nquiry 🗌	InspectionAut	apsy X ond	that on th	is basis, death in m	ny apinian	
	resu	Ited from: No	atural cau	ses X A	ccident Suicide	e Homicide		Undetermined manne	or _	
			0	/		CHIEF MED	DICAL EX	AMINER -		
	ACTUA		(1)	216. 1	Keep 40	ASSISTANT ME				DATE SIGNED
	SIGNAT		0	revices 1	//				7	7/15/66
	EXAMIN NAME (Char 1	les S. P	etty, M.D.	ASSOCIATE ME	DICAL E	KAMINEK		
23A	BURIAL CRE		3. DATE	230	C. NAME of CEMETERY o	CREMATORY	23 D. L	OCATION (City,	town, or cou	nty) (State)
	MOVAL (Specif				7. A. O	1 0	1	110-1		
			HITT		1140 (11)	men. Cu	W. 14	A Carle	1, .	
244	A. DATE REC'D	BY HEALTH C		24B NAME	OF REGISTRAR	24C FUNERAL	DIRECTOR	0	ADI	DRESS
		JUL 20	1966	12 C. P	E. Sollanda	#//	. (. 1)	1-112	2/2	THE
				hanna.		IV FO	uel	ace Ide	10 110	my

VS 151-REV. 1/1/65

VS 150-REV. 1/1/65

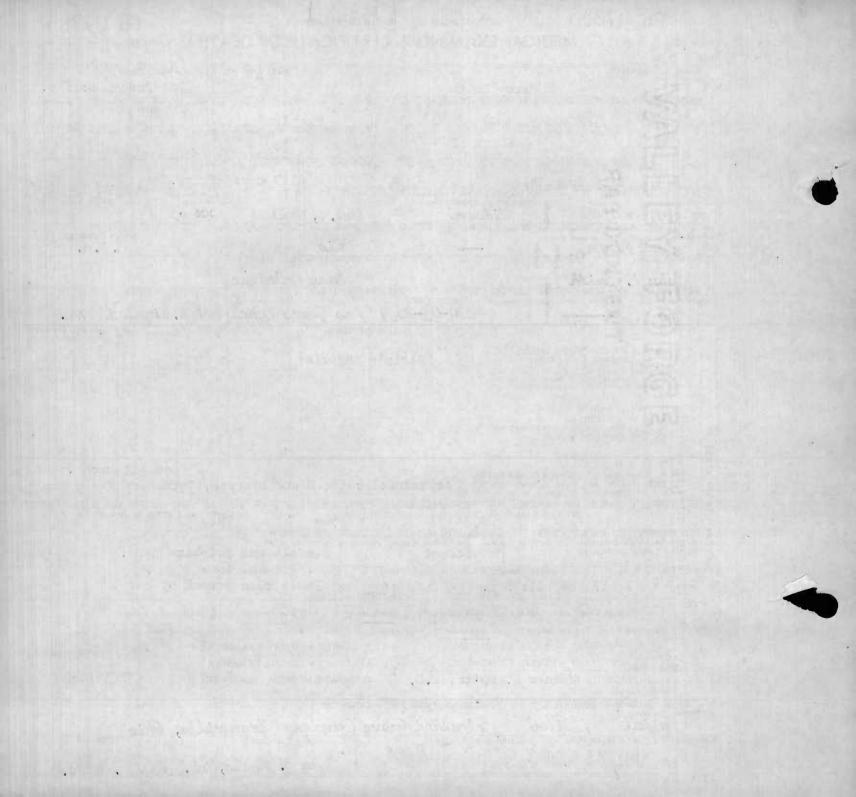
If Under 24 Hrs.

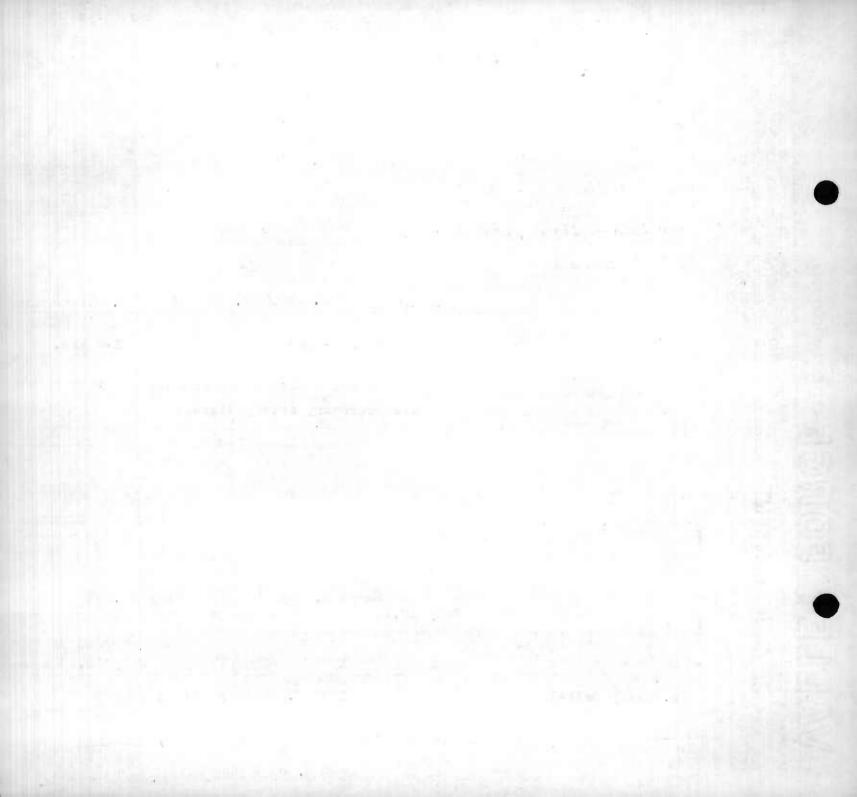
ADDRESS



BIRTH	NO.
-------	-----

1	66 07385 BALTIMORE CITY HEALTH DEPARTMENT 66 07385							
5.53	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No							
	1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD							
	(Type or Print) Harry Smith 7/18/66 8:25 p. M.							
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY							
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)							
	D. STREET ADDRESS (II rurol, give locotion)							
-4	City Hospitals 6117 Careiff Ave. CARdiFF A							
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in yeors lost birthdoy) Months Doys Hours Min. male white Widowed 0ct. 7, 7880							
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? Oal Miner Ohio							
	13. FATHER'S NAME							
	John L. Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL 17. INFORMANT ADDRESS							
	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 220-05-2839 Mrs James Lynch 101 No Highland Aveo							
	18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH							
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Multiple injuries							
	(This does not meon the mode of dying e.g., head lailure, asthenia, etc. It means the discose.							
	injury or complication which coused death.)							
	ANTECENDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING OUE TO							
	RISE TO THE ABOVE CAUSE IA) STATING THE UNDERLYING CONDITION LAST.							
	and Anthracosis							
	other significant conditions Contributing to the Death But not related to the Arteriosclerotic Heart Disease, Pulmonary Emphysema/							
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED 19C CRETIFYING CAUSES OF DEATH?							
	21A) EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB- form, foctory, street, office bldg., INJURY OCCUR? UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoct locotion) injury occur? Dundalk and Holabird Aves.							
	21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?							
	(APPROX.) 7 1/ 66 11:25 pwhile at Not while x Pedestrian Struck by car							
	22. I certify that I held on Inquiry Inspection Autopsy and thot on this basis, death in my opinion							
	resulted from: Notural couses Accident X Suicide Hamicide Undetermined manner							
	ACTUAL SIGNATURE SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE SIGNATURE SIG							
	EXAMINER'S Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 7/19/66 NAME (Type)							
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote)							
	Burial 7/21/66 Pleasant Grove Cemetery Zanesville, Ohio							
	24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS							
	Burial 7/21/66 Pleasant Grove Cemetery Zanesville, Ohio 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS JUL 20 1966 Pleasant Grove Cemetery Zanesville, Ohio 3000 E. Balto. S							
	VS 151-REV. 1/1/65							





1	66 0	7387	BALTIMORE CITY	HEALTH DEPARTMEN	IT.		66 07387		
H-420	BIRTH NO.	MEDI	CAL EXAMINER'S	CERTIFICA	TE OF DI	EATH Registe			
	1. NAME OF DEC				2. DATE AND	HOUR PRONOUNC	ED DEAD		
				LSEY		16, 1966	7:55 P M.		
	3. PLACE IN BALT	IMORE MARYLAND, W	HERE PRONOUNCED DEAD	A. STATE		ceased lived. If inst B. COU	itution: residence before admission) INTY		
	FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET TION)	C. CITY OR TO		corporote limits, write	RURAL and give to waship)		
	46	Lutheran Ho	ospital DOA	D. STREET ADD					
	5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRT	U6 Westm	ont Avenue	If Under 1 Yr. II Under 24 Hrs.		
	Male	Colored	widowed, DIVORCED(specify) Single	Oct 1, 1		13	Months Days Hours Min.		
	dos during most of	JPATION (Give kind of work working life, even if retired)	School	Baltimor			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
	13. FATHER'S NAM			14. MOTHER'S M	AIDEN NAME	4-1-1			
		HolseyJr.	FORCES? 16. SOCIAL	Hermion			ADDRESS		
		Il yes, give wor or date		Hermione 3206 Wes		ey_Mother	ADDRESS .		
	18.	4	C.	AUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Laceration of Liver								
	(This does	not mean the made of	dving, e.g., (A)	Laceracic	OI LIV	er			
	hear failure, asthenia, etc. It means the disease, injury or complication which caused death.)								
	DISEASES	OR CONDITIONS, IF A	NY, GIVING DUE TO						
	UNDERLYIN	E ABOVE CAUSE (A) ST NG CONDITION LAST.	TATING THE						
	<u>o</u>		(0)						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
	19A. DATE OF	OPERATION 198, CON WAS PER	DITION FOR WHICH OPERATION FORMED	20A. AUTOPSY Ye	? (Yes or No) 20 IN	B. IF YES, WERE FILL CAUSE YES	NDINGS CONSIDERED SES OF DEATH?		
	O UNDERLYING	CAUSE WAS	21 B. PLACE OF INJURY	le.g., in or about 21C. Veet, affice bldg., INJUR	VHERE DID (IF	in Boltimore City, gi	ve exoct location)		
		SE OF DEATH.	etc.) Street				f Ellamont street		
	21D TIME OF INJURY (APPROX.) Ju	(Manth) (Day) (Year)		NOT WHILE -	truck by				
	22.	tify that I held an I		NOT 1		basis, death in n	av opinlan		
		ted fram: Natural ca		uicide Hamici		determined mann			
		10-	6 0		EDICAL EXA				
	SIGNAT		I when	M.D. ASSISTANT M			DATE SIGNED		
	EXAMIN NAME (ER'S Ruces	11 S. Fisher, M.D	. ASSOCIATE M	SEDICAL EXA	MINER	July 17, 1966		
	23A. BURIAL CRE REMOVAL (Specify		23C. NAME of CEME	ational Ceme	etery Ba	ation icity.	aryland (Stote)		
	Burial	BY HEALTH DEPT.	248 NAME OF REGISTRAR		AL DIRECTOR		ADDRESS		
		JUL 20 1966	4 99 4	TT - min on		tter-3035	W. North Ave.		

VS 151-REV. 1/1/65

onal Cer

FUNERAL DIRECTOR:

M.E.		000	17000		BALTIMORE CITY			66 07388
	NO.	00 (17388		CERTIFICA	TE OF DEATH	Registered No.	00 07000
.NA	CASE NO.	EASED				2. DATE AN	ID HOUR OF DEATH	
Туре	or Printly	ange Alle				2/1	5/66	F:30 A
. PL	ACE OF DEA	ATH IN BALTIM	ORE MARYLAN	ND.		4. USUAL RESIDENCE (Whe	deceased lived. Il in	nstitution: residence before admissi
						40		
H	JLL NAME O OSPITAL OR	F (If not in oddress	n hospital ar inst or location)	titution, gr	ve street	C. CITY OR TOWN (If ou	teido citu limite veito"	NURAL and give township)
IN	NOITUTITZ					10 1.	iside city mints, the	3 - 2)
	Luth	evan	Hospit	41		D. STREET ADDRESS (III	rural, give location)	
4	6		spi.	,			utar pl.	
SE	·Y	6. RACE	17. M.	ARRIED. I	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H
-	rale	Negro	W	IDOWED,	DIVORCED (specify)		lost birthdoyl	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
*				MANY:	BUSINESS OR INDUSTRY	JUNE 10, 1901	65	I CITATEN OS
		working lile, even		IND OF	BOSINESS OK INDOSIKI	A A STRIPPLACE (Store of fore	ign country.	12. CITIZEN OF WHAT COUNTRY?
	THAUF.	Four	1/2	21411	& FAMILY	HMOS VILLE	VA	U.J.A.
3. F	ATHER'S NAM	ME /			*	14. MOTHER'S MAIDEN NA	ME	
	Heur	24 (1/n	4 Alle	40		MARY FRAN	CES Your	6 1
. W	ds Deceosed	Ever in U. S.	Armed Forces?	1	1 6. SOCIAL	17. INFORMANT	1001	ADDRESS
es,	no or unknown	(II yes, give w	var or dotes of s	service)	SECURITY NO.	Max =1 . ()	111	1200 ET 21
		unkn	-		217-32-9201	INKS. ELIZADEIL	HALEN - X	305 EUTAW PLA
1	18. 206	XI			CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEAS		TION DIRECTL	Υ		11		\ \frac{1}{2}
	/Thin door a	LEADING TO	made al dying		(A)	Mycore Fu	rgoides	7 years
			II means the d		DOE 10		/	
1	injury or com	nplication whic	h caused death	1.)				
Ì		ANTECEDENT	CAUSES		(B)			
			NS, if any,					
		G CONDITION	use (A) statin I last.	ng ine	(C)	***************************************		
-		- 11						
2			DITIONS CONTR		- W			
- 2018	TO THE D	FICANT COND	NOT RELATED		Pneu	nona		
LAHON	TO THE D	EATH BUT NEONDITION C	NOT RELATED AUSING IT. 198. CONDITION	TO THE	Pneu	20A. AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED
KIIFICALION	TO THE D	EATH BUT NEONDITION C	NOT RELATED AUSING IT.	TO THE	neu		DI 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
10	TO THE D DISEASE OR	EATH BUT N CONDITION C	NOT RELATED AUSING IT. 19B. CONDITION WAS PERFORME	N FOR WED	HICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH? The City, give exact location
A C	TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIBL	EATH BUT NEONDITION C	NOT RELATED AUSING IT. 198. CONDITION WAS PERFORMS ERLYING ERLYING	N FOR WED	HICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	USES OF DEATH?
CAL	TO THE D DISEASE OR 19A. DATE OF 21A. A CCIDE OR CONTRIBL DEATH (notily)	FOREATION THE WAS UNDE	NOT RELATED AUSING IT. 198. CONDITION WAS PERFORMS RLYING E OF	N FOR WED 218. Fhome etc.)	PLACE OF INJURY (e.g., in	20 A. AUTOPSY? (Yes or No	(If in Boltimor	USES OF DEATH?
NEDICAL DO	TO THE D DISEASE OR 19A. DATE OF 21A. A CCIDE OR CONTRIBL DEATH (notily 21D. TIME OF INJURY	IFICANT CONDITION CONDITION COPERATION NT WAS UNDE UTING CAUS medical exami	NOT RELATED AUSING IT. 198. CONDITION WAS PERFORMS RLYING E OF	21 L F home etc.)	PLACE OF INJURY (e.g., in any loctory, street, of INJURY OCCURRED	20A. AUTOPSY? (Yes or No	(If in Boltimor	USES OF DEATH?
MEDICAL	TO THE D DISEASE OR 19A. DATE OF 21A. A CCIDE OR CONTRIBL DEATH (notily 21 D. TIME	IFICANT CONDITION CONDITION COPERATION NT WAS UNDE UTING CAUS medical exami	NOT RELATED AUSING IT. 198. CONDITION WAS PERFORMS RLYING E OF	TO THE N FOR W ED 218. F home etc.)	PLACE OF INJURY (e.g., in any loctory, street, of INJURY OCCURRED	20A. AUTOPSY? (Yes or No.) or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimor	USES OF DEATH?
MEDICAL	TO THE D DISEASE OR 19A. DATE OF 21A. A CCIDE OR CONTRIBL DEATH (notily 21D. TIME OF INJURY (APPROX.)	IFICANT CONDICATION CONDITION CONDITION COPERATION NT WAS UNDEDITING CAUS medical exami	NOT RELATED AUSING IT. 198. CONDITION WAS PERFORMS ERLYING nerl y) (Yeor) (Hot	218. For we home etc.) 218. While work	PLACE OF INJURY (e.g., in any loctory, street, of INJURY OCCURRED	20A. AUTOPSY? (Yes or No.) or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimor	re City, give exact location)
WEDICAL 200	TO THE D DISEASE OR 19A. DATE OF 21A. A CCIDE! OR CONTRIBL DEATH (notily 21D. TIME OF INJURY (APPROX.) 22. I certify	FICANT CONDICATION CONDITION CONDITION COPERATION NT WAS UNDESTRUCTED CAUSE MEDICAL CONDITION C	NOT RELATED AUSING IT. 198. CONDITION WAS PERFORMS ERLYING nerl y) (Yeor) (Hot	218. f home etc.) 218. while work	PLACE OF INJURY (e.g., in the control of the contro	20A. AUTOPSY? (Yes or No.) ef n or obout 21C. WHERE DID lifice bldg., INJURY OCCUR? 21F. HOW DID INJ	URY OCCUR?	e City, give exact location)
MEDICAL	TO THE D DISEASE OR 19A. DATE OF 21A. A CCIDE! OR CONTRIBL OF INJURY (APPROX.) 22. I certify that (I) (we)	IFICANT CONDICATED TO SET TO S	NOT RELATED AUSING IT. 198. CONDITION WAS PERFORMI ERLYING E OF ner) (Year) (House) hospital) attentions attention to the condition of the	N FOR WED 218. (home etc.) 218. (While work we on	PLACE OF INJURY (e.g., in larm, loctory, street, of INJURY OCCURRED At At Work e deceased from	20A. AUTOPSY? (Yes or No.) ef n or obout 21C. WHERE DID lifice bldg., INJURY OCCUR? 21F. HOW DID INJ	URY OCCUR?	e City, give exact location)
MEDICAL	TO THE D DISEASE OR 19A. DATE OF 21A. A CCIDE! OR CONTRIBL OF INJURY (APPROX.) 22. I certify that (I) (we)	IFICANT CONDICATION CONDITION CONDITION COPERATION INT WAS UNDEDITING CAUSE Medical examination (Month) (Dogothat (I) (this last sow the defram the conditional conditions).	NOT RELATED AUSING IT. 198. CONDITION WAS PERFORMI ERLYING E OF ner) (Year) (House) hospital) attentions attention to the condition of the	N FOR WED 218. (home etc.) 218. (While work we on	PLACE OF INJURY (e.g., in larm, loctory, street, of INJURY OCCURRED At At Work e deceased from	20A. AUTOPSY? (Yes or No.) or obout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJ	URY OCCUR?	e City, give exact location)
MEDICAL	TO THE D DISEASE OR 19A. DATE OF 21A. A CCIDEI OR CONTRIBUTE OF INJURY (APPROX.) 22. I certify that (I) (we) and hour and	IFICANT CONDICATION CONDITION CONDITION COPERATION INT WAS UNDEDITING CAUSE Medical examination (Month) (Dogothat (I) (this last sow the defram the conditional conditions).	NOT RELATED AUSING IT. 198. CONDITION WAS PERFORMI ERLYING E OF ner) (Year) (House) hospital) attentions attention to the condition of the	N FOR WED 218. (home etc.) 218. (While work we on	PLACE OF INJURY (e.g., in any loctory, street, of INJURY OCCURRED At Work deceased from	20A. AUTOPSY? (Yes or No.) or obout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJ e	URY OCCUR?	inion death occurred on the co
MEDICAL MEDICAL	TO THE D DISEASE OR DISEASE OR 19A. DATE OF 21A. A CCIDE OR CONTRIBL DEATH (notify (APPROX.) 22. I certify that (I) (we) and hour and 23A. SIGNATL MALL	IFICANT CONDICATION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDICATION CONDITION COND	NOT RELATED AUSING IT. 198. CONDITION WAS PERFORMI ERLYING E OF ner) (Year) (House) hospital) attentions attention to the condition of the	N FOR WED 218. (home etc.) 218. (While work we on	PLACE OF INJURY (e.g., in the control of the contro	20A. AUTOPSY? (Yes or No.) or obout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJ	URY OCCUR?	inion death occurred on the co
MEDICAL DE S	TO THE D DISEASE OR 19A. DATE OF 21A. A CCIDEI OR CONTRIBUTE OF INJURY (APPROX.) 22. I certify that (I) (we) and hour and	IFICANT CONDICATION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDICTION CONDICTION CONDITION COND	NOT RELATED AUSING IT. 198. CONDITION WAS PERFORMI ERLYING E OF ner) (Year) (House) hospital) attentions attention to the condition of the	N FOR WED 218. (home etc.) 218. (While work we on	HICH OPERATION PLACE OF INJURY (e.g., in the control of the contr	20A. AUTOPSY? (Yes or No.) n or obout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJury One of the control of	URY OCCUR?	inion death occurred on the co
MEDICAL CERTIFICATION	TO THE D DISEASE OR DISEASE OR 19A. DATE OF 21A. ACCIDE 10R CONTRIBL 1	IFICANT CONDICATION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDICTION CONDITION CONDI	NOT RELATED AUSING IT. 198. CONDITION WAS PERFORMI ERLYING E OF ner) (Year) (House) hospital) attentions attention to the condition of the	N FOR WED 218. 1 home etc.) 218. (While Work work work work work work work work w	PLACE OF INJURY (e.g., in, larm, loctory, street, of INJURY OCCURRED At Work deceased from (We) (did) (did not) v M.D. Atte M.D. Atte M.D.	20A. AUTOPSY? (Yes or No.) Port of the property of the prope	URY OCCUR? 19to sot in (my) (our) op Stoff Phys.	inion death occurred on the c
WEDICAL 2	TO THE D DISEASE OR 19A. DATE OF 19A. DATE OF 21A. ACCIDE 10R CONTRIBL OF INJURY (APPROX.) 22. I certify that (I) (we) 23A. SIGNATL MALE 23C. PHYSICIA 23C. PHYSICIA	IFICANT CONDICATION CONDITION CONDITION CONDITION COPERATION NT WAS UNDE UTING CAUS medical exami (Month) (Doy that (I) (this last sow the different the condition c	NOT RELATED AUSING IT. 198. CONDITION WAS PERFORMI ERLYING E OF ner) (Year) (House) hospital) attentions attention to the condition of the	N FOR WED 218. 1 home etc.) 218. (While Work work work work work work work work w	HICH OPERATION PLACE OF INJURY (e.g., ir, larm, loctory, street, of the control	20A. AUTOPSY? (Yes or No. 1) n or obout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJury Occur? 19 ond the riew the bady ofter deoth. 23D. ADDRESS Lutheran EMATORY 24D. L	URY OCCUR? 19to sot in (my) (our) op Stoff Phys.	inion death occurred on the c
WEDICAL 2	DISEASE OR DISEASE OR DISEASE OR 21 A. A CCIDE OR CONTRIBL DEATH (notify (APPROX.) 22. I certify that (I) (we) and hour and 23. SIGNATL CASC. PHYSICIA NAME (T	IFICANT CONDICATION CONDITION CONDITION CONDITION COPERATION NT WAS UNDE UTING CAUS medical exami (Month) (Doy that (I) (this last sow the different the condition c	NOT RELATED AUSING IT. 198. CONDITION WAS PERFORMI ERLYING E OF ner) (Year) (House) hospital) attentions attention to the condition of the	N FOR WED 218. 1 home etc.) 218. (While Work work work work work work work work w	HICH OPERATION PLACE OF INJURY (e.g., ir, larm, loctory, street, of the control	20A. AUTOPSY? (Yes or No. 1) n or obout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJury Occur? 19 ond the riew the bady ofter deoth. 23D. ADDRESS Lutheran EMATORY 24D. L	URY OCCUR? 19to sot in (my) (our) op Stoff Phys.	inion death occurred on the c
WEDICAL AVA.	DISEASE OR DISEASE OR DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIBL DEATH (notify (APPROX.) 22. I certify that (I) (we) and hour and 23A. SIGNATL NAME (T LABOURAL BURIAL CRE REMOVAL OR LIPE	FICANT CONDICATION CONDITION CONDITI	NOT RELATED. AUSING IT. 198. CONDITION WAS PERFORMS ERLYING	218. 1 home etc.) 218. While work work on	HICH OPERATION PLACE OF INJURY (e.g., in, larm, loctory, street, of the control	20A. AUTOPSY? (Yes or No. 1) n or obout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJury Occur? 19 ond the riew the bady ofter deoth. 23D. ADDRESS Lutheran EMATORY 24D. L	URY OCCUR? 19to sot in (my) (our) op Staff Phys. X HOSpital OCATION (C	inion death occurred on the collection of the co
WEDICAL AVA.	DISEASE OR DISEASE OR DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIBL DEATH (notify (APPROX.) 22. I certify that (I) (we) and hour and 23A. SIGNATL NAME (T LABOURAL BURIAL CRE REMOVAL OR LIPE	IFICANT CONDICATION CONDITION CONDITION CONDITION COPERATION NT WAS UNDE UTING CAUSE medical examination (Month) (Dogothat that (I) (this last sow the different than the condition of the condi	NOT RELATED. AUSING IT. 198. CONDITION WAS PERFORMS ERLYING	218. 1 home etc.) 218. While work work on	HICH OPERATION PLACE OF INJURY (e.g., in the continuous continuou	20A. AUTOPSY? (Yes or No yet of No y	URY OCCUR? 19to sot in (my) (our) op Staff Phys. X HOSpital OCATION (C	inion death occurred on the c

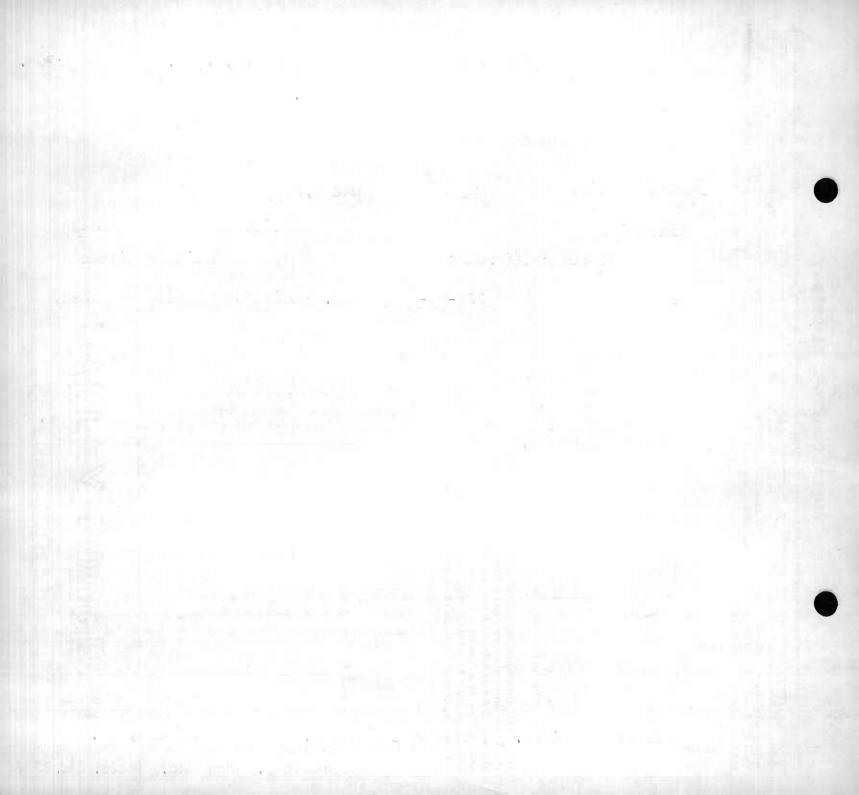
DIRECTOR:

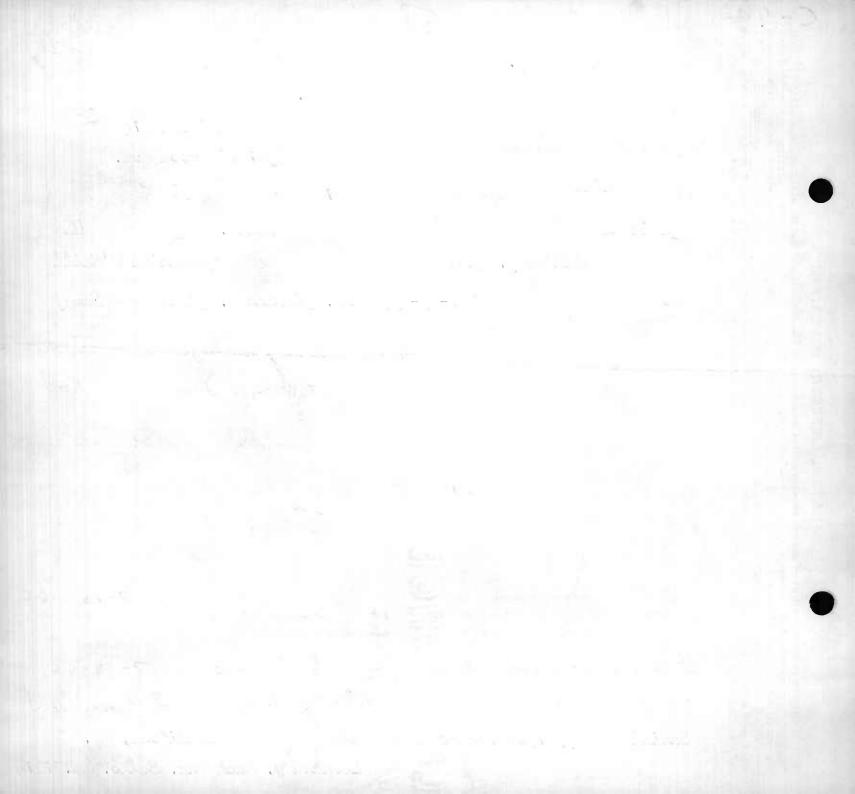
FUNERAL

VS 150-REV. 1/1/65

dry death ant.

VS 150-REV. 1/1/65





VS 150-REV. 1/1/65

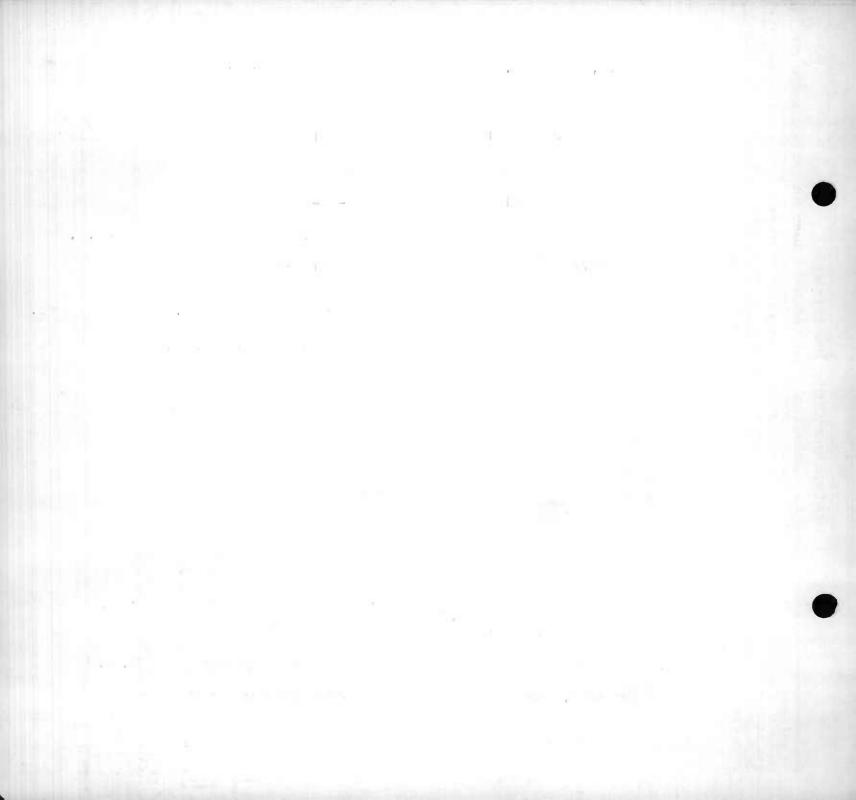
66	07392
----	-------

BALTIMORE CITY HEALTH DEPARTMENT

		6 4
Registered	N.	66
Registered	140.	

eg i stered	No.	66 0	7392
og i si ci cu	,,,,,		

DIKITI NO.	CERTIFICA	ATE OF DEATH	Registered No.	
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
Type or Print)			18.66	8:15A
GENTT, GEORGE F. PLACE OF DEATH IN BALTIMORE, MARYLANI			deceased lived. If ins	stitution: residence before admission
FULL NAME OF (If not in hospital or instit	ution, give street	MARYLAND		
HOSPITAL OR address or location) INSTITUTION		C. CITY OR TOWN (If out	side city limits, write R	URAL ond give township)
THE JOHNS HOPKINS HO	SPOTAL	BALTIMORE D. STREET ADDRESS III	/ (0-05
3.3		D. STREET ADDRESS THE	ural, give lacotion)	
		8. DATE OF BIRTH	FAYETTE AVI	If Under 1 Yr. , If Under 24 Hrs
	RRIED, NEVER MARRIED OWED. DIVORCED (specify)	8. DATE OF BIRTH	ost birthday)	If Under 1 Yr. If Under 24 Hrs Months Days Hours Min.
A. USUAL OCCUPATION (Give kind of work 10B. K)	IDOWER	3-11-91 Y 11. BTRTHPLACE State or foreign	75	
ine during most of working life, even if retired)	AD OF BOSINESS OK INDUSTR	T 11. BTRTHPLACE State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
		Maryland		U.S.A.
FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	
GEORGE GENTT		JENNIE BRAWN	ER	
. Was Deceased Ever in U. S. Armed Forces?	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
yes, give war or doles or se	JECORIII NO.	11.	0100 147 3	Ca Canada da a Mana
18.	CAUSE	Harry Gentt	2433 W.	Lafayette Ave.
DISEASE OR CONDITION DIRECTLY	5301			ONSET AND DEATH
LEADING TO DEATH	Ante	eriosclerotic car	diovascular	
(This does not mean the made of dying,	e.g., DUE TO	disease	CAT O LOND OW PAT	
heatt failure, osthenio, etc. It means the di- injury or complication which caused death.		CITOGROP		
ANTECEDENT CAUSES	B)		** * * * * * * * * * * * * * * * * * *	
DISEASES OR CONDITIONS, if any,	DUE TO			
rise to the above couse (A) stating				
UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRICTORY TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
DISEASE OF CONDITION CAUSING IT.		20 A. AUIOPSY? IYes ar Nat	208 IF WES 11185	MINIST CONSIDERS
WAS PERFORME		ES OF Not	IN CERTIFYING CAU	INDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INTERVIOR	in ar about 21C. WHERE DID	(If in Baltimore	City, give exact lacotion)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)		office bldg., INJURY OCCUR?	Al commore	
		015		
OF INJURY	21E. INJURY OCCURRED While At Not Wh	21F. HOW DID INJU	JRY OCCUR?	
IAPPROX.)	Wark Al Work			
22. I certify that (I) (this hospital) otter	ded the deceased from	7.8	9 66ta	7.18 19 66
that (I) (we) lost sow the deceased aliv				
and hour and from the couses stated abo			(<u></u> (,	
23A. SIGNATURE	C / Corey (and) (and not)	The body offer dedfin.		23B. DATE SIGNED
1 1/2 // xt	M.D. AI	Itending Med.	Staff X	7.18.66
23C. PHYSICIAN'S	Ph	23D. ADDRESS	Phy s.	
NAME (Typel Herman K. Gold		Johns Honkin	s Hospital	
	M.D		TIOOPTOAT	
A. BURIAL CREMATION. 24B. DATE REMOVAL Specify!	4C. NAME of CEMETERY OF C	REMATORY 24D. LC	CATION (Cit	y, town, or county) (State)
Burial 7-21-66	Arbutus Memor	ial Park A	rbutus, Ma	aryland
SA. DATE REC'D BY HEALTH DEPT. 258. N		25C. FUNERAL DIRECTOR		ADDRESS
JUL 20 1966 個 0	Br & stra Omena	Proces Vola	12481	Tolland SLOPPY

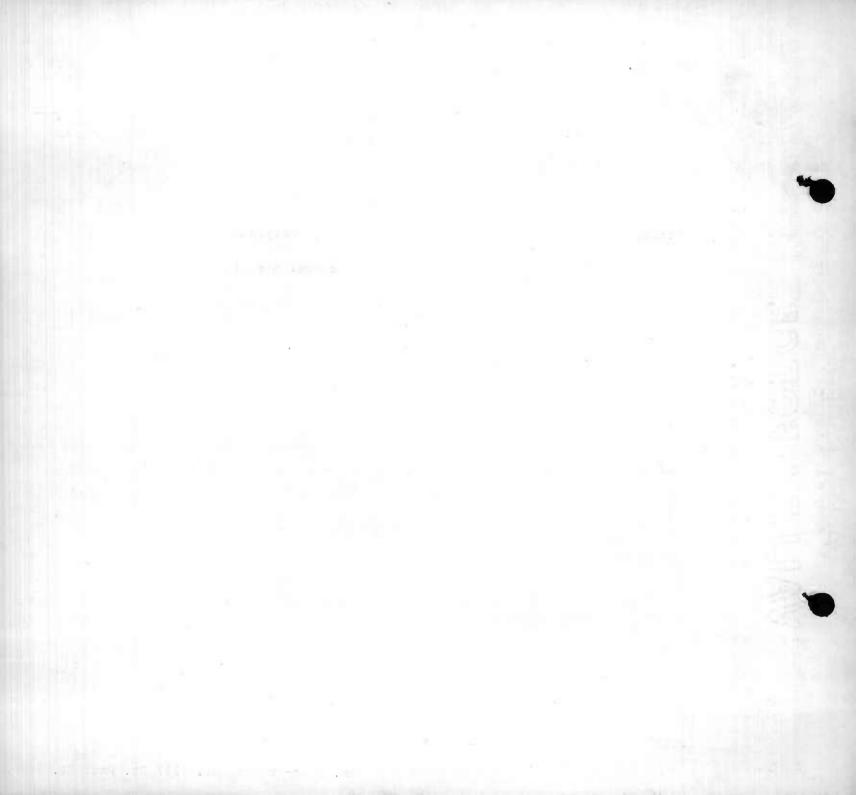


	1. d. 17000	BALTIMORE CITY	HEALTH DEPARTMENT	
	TH NO. CASE NO.	CERTIFICA	TE OF DEATH	egistered Na. <u>65 (17393</u>
1. N	AME OF DECEASED WEEK	AGNES.	2. DATE AND HO	166 S RM.
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deed	posed lived. If institution: residence before admissi
	FULL NAME OF (If not in hospital or institution	n, give street	Md	
	NSTITUTION (Market of Octobron)	0 0	2 11 1	ity limits, write RURAL and give township)
	NoRM (hales	Queral	D. STREET ADDRESS (If rurol, o	2/2/8 9 - 00 ive location)
	8	1 hostotal	2722 Hu	co Ave.
		ED, NEVER MARRIED	B. DATE OF BIRTH 9. AG	(In years If Under 1 Yr. If Under 24 Index Days Hours Min
	USUAL OCCUPATION (Give kind of work 10 B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign cou	intry) 12, CITIZEN OF
	e during most of working life, even if retired)	11	R 14-	WHAT COUNTRY?
13.	FATHER'S NAME	n Home	14. MOTHER'S MAIDEN NAME	U.S.A.
	Paris D.	10 -	m. 111	eber
	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
(Ye:	s, no ar unknown) (If yes, give war or dates of servic	SECURITY NO.	E. 10 m1 1	2722 Hugo Av
	1B. 1/3	CAUSE C	F DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		1 + M	ONSET AND DEATH
	LEADING TO DEATH	(A) X	Cute / 140 car	vial infanting 4 da
	(This daes not mean the made of dying, e heart failure, asthenia, etc. 11 means the diseo		0 9 1	
	injury or complication which caused death.)	(B)	Coronawy /1	umbono. 2 day
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giv	DUE TO	121111	
	rise la lhe abave cause (A) sloting		Cule Demal	da luse
	UNDERLYING CONDITION last.	1	Arteninclewite	1 Candro vasar as 12
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBU	ING HAIDE	t. Kenelak	2 lus
ATIC	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE 49 CCC	u / com go	4-0000
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes or No. 20B.	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
CERT	21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., i	a or about 21 C. WHERE DID	(If in Boltimore City, give exact location)
AL C	OR CONTRIBUTING CAUSE OF	home, form, factory, street, a	fice bldg., INJURY OCCUR?	th in sommore city, give exact locations
DIC		21E, INJURY OCCURRED	21F. HOW DID INJURY C	CCIIP?
ME	OF INJURY (APPROX.)	While At Not Whi		
		Work At Work	7/17/66 1960	7/19/
	22. I certify that (this hospital) attende	7/16/	1/1/	
	that (we) lost saw the deceased alive a	/		(our) opinion death occurred on the
	ond hour ond from the couses stated above	(I) (We) (did) (4815 HeV)	riew the body offer deoth.	238. DATE SIGNED
	· Il halo		ending Med. Stoff	7/10/11
	23 C. PHYSICIAN'S	Phy	s. Director Phys	10///
	NAME (Type)	M. D.	North Che	when fewer hosto to
244	A. BURIAL CREMATION, 248. DATE 240	NAME of CEMETERY of CR	EMATORY 24D. LOCATI	ON (City, town, or county) (State
	REMOVAL (Specily)			V
25/	Burial 7/22/66 A DATE REC'D BY HEALTH DEPTION (258) NAM	Baltimore		imore, Md.
	1300 050	est E. Farley MA	1.	217 St. Paul St. Md. 21202 Inc. Baltimore, Md. 21202
			DECOMO	

Mart Kenel Selme.

DIRECTOR:

FUNERAL



1 66 U7395

BALTIMORE CITY HEALTH DEPARTMENT 66 U7395

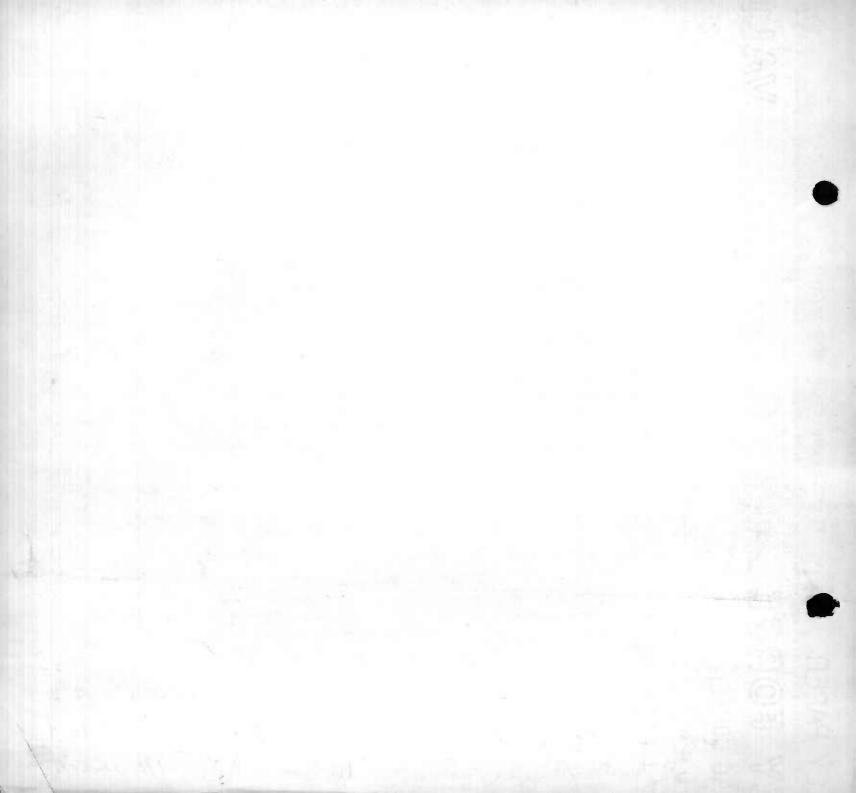
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E. CASE NO.

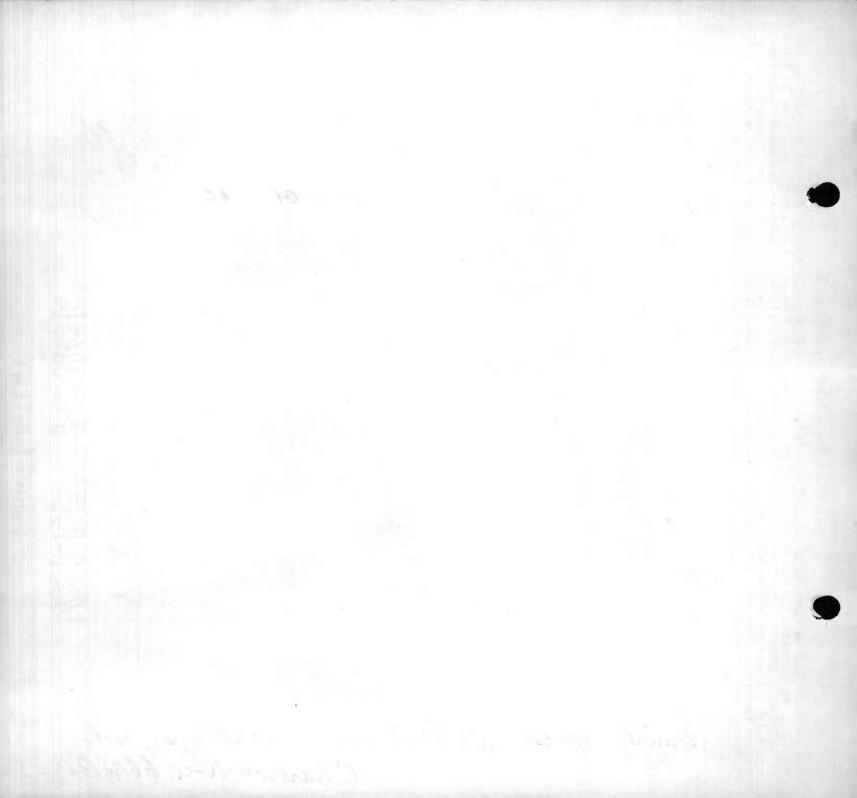
M.E. CASE NO.										
1. NAME OF DECEASED	EDOMMENED	2. DATE AND HOUR PRONOUNCED DEAD								
	Brenda		FROMMEXER			17, 1966	10:45 A. M.			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FOLER TIFILOTANTS AMENDED HOSTITUTION 9/13/66				A. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY Maryland						
				D. STREET ADDRESS (If rurol, give locotion)						
46 Lutheran Hospital										
5. SEX 6. RAC	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED					3810 Falls Road 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.				
Female White WIDOWED, DIVORCED(specify)			PIVORCED (specify) Led	Aug. 20,1943 losi birthday Months Doys Hours Min.						
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND*10F BUSINESS OR INDUSTRY done during most of working life, even if retired)					country)	12. CITIZEN OF WHAT COUNTRY?			
None 13. FATHER'S NAME					VAIDEN NAME		U.S.A.			
	d E Task			14. MOTHER'S MAIDEN NAME						
15. WAS DECEASED EVE	d E. Lock		16. SO CIAL	Mary Byers 17, INFORMANT ADDRESS						
(Yes, no or unknown) (If yes,			SECURITY NO.							
No			None		ncis G.	Frommeyer 2	2721 Hugo Ave. #18			
1B.	at a		CAUSE	OF DEATH			INTERVAL BETWEEN ONSET AND DEATH			
DISEASES OR CORSE TO THE ABOUNDERLYING CO	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)									
DISEASE OR CON	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED				20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
// 10/00	Fr	acture o		Ye	S	Yes				
21A, EXTERNAL CAU UNDERLYING TO CAUSE OF	DEATH.	home, etc.l	Street	n or obout 21C. WHERE DID (If in Boltimore City, give exoct locotion) ffice bldg, INJURY OCCUR? Hilton Parkway south of Edmonson Avenue						
OF INJURY										
22. I certify the										
resulted fro	resulted from: Notural causes Accident Suicide Hamicide Undetermined manner									
ACTUAL SIGNATURE_										
EXAMINER'S NAME (Type)	EXAMINER'S Russell S. Fisher, M.D. ASSOCIATE MEDICAL EXAMINER July 18, 1966									
23A, BURIAL CREMATIO	N, 238 DATE	230	C. NAME OF CEMETERY	OF CREMATORY	23D. LO	CATION (City,	town, or county) (Statel			
Burial	7/21/6	6	Woodlawn Ceme			timore Mary				
24A. DATE REC'D BY HE		248, NAME	of REGISTRAR & Early M.	24C. FUNE	RAL DIRECTOR		ADDRESS 7 St. Paul St. 212			

869.00

Letter dated 9/12/66 from Dr.Charles 5.Springate, Asst.M.E.



BRITH NO. 66 U7397	BALTIMORE CITY HEALTH DEPARTMENT		66 07397
BIRTH NO. M.E. CASE NO.	CERTIFICATE OF DEATH	Registered Na.	00 07007
T. NAME OF DECEASED	ap 1 2. DATE AI	NO HOUR OF DEATH	120
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Whe	re deceased lived. If institut	ion: residence before odmission)
FULL NAME OF (If not in hospital or institution, grve	street MARYLAN,		
INSTITUTION		tside city limits, write RURA	L ond give township)
BON SECOURS HOSPITH	D. STREET ADDRESS (III	furol, give location)	mal
6. RACE 7. MARRIED, NE			Under 1 Yr. , If Under 24 Hrs.
MALE MEGRO WID	1VORCED (specify) 1-15-01	65	nths Doys Hours Min,
A. USUAL OCCUPATION, Give kind of work 10 B. KIND OF BU ne during most of working life, even if retired)	SINESS OR INDUSTRY 11. BIRTHPLACE (Stole or fore	ign country)	CITIZEN OF WHAT COUNTRY?
HOUSEWIFE 3. FATHERS NAME	14. MOTHER'S MAIDEN NA	ME	'U.S.
ANDREW PORTER	SARAH	A. GRA	DT
5. Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or dotes of service)	SOCIAL SECURITY NO. 17. INFORMANT		ADDRESS
100			The State of
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH		ONSET AND DEATH
LEADING TO DEATH (This daes not mean the mode of dying, e.g.,	(A) EX les gine Ca	of Cerrix	Lyear
heart failure, osthenio, etc. It means the diseose, injury or complication which caused death.)		U	, 41
ANTECEDENT CAUSES	(B) Cakeria		6 M.ON414
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the	(c) Septicemia		dasga
UNDERLYING CONDITION IOSI.			
O THE DEATH BUT NOT RELATED TO THE			
O DISEASE OR CONDITION CAUSING IT. O 19A. DATE OF OPERATION 19B. CONDITION FOR WHI		20B. IF YES, WERE FIND IN CERTIFYING CAUSES	NGS CONSIDERED OF DEATH?
EP/CD, 1966	Y C S		, give exact location)
OR CONTRIBUTING CAUSE OF home, (etc.)	ACE OF INJURY (e.g., in or obout 21 C. WHERE DID orm, foctory, street, office bldg., INJURY OCCUR?		
Q 21D. TIME (Month) (Doy) (Year) (Hour) 21E, IN	JURY OCCURRED 21F. HOW DID IN	URY OCCUR?	
(APPROX) July 1 pm Work		-	
22. I certify that (1) (this hospital) attended the atthat (1) (we) last saw the deceased alive an		19ta	19 66
and haur and from the causes stated above. (A)		ואראלין (doc) apinian	death decorred on the date
23A. SIGNATURE			DATE SIGNED
M. Fra Borhan.	M.D. Attending Med. Director 23D. ADDRESS	Stoff Phys.	117/66
NAME (Type)	M.D.		THEFT
24A. BURIAL CREMATION, 24B. DATE 24C. NAMI	of CEMETERY OF CREMATORY 24D. E	OCATION (City, to	wn, or county) (Stote)
Bural 7/22/66 m	1 (alvery 1	Bultomore,	md
25A. DATE REED BY HALTH GET. 25B. NAME OF	EGISTRAR 25C. FUNERAL DIRECTOR	allies 6	61W Barre S
VS 150-REV. 1/1/65	Craneco	, , , ,	0.70



23C. PHYSICIAN'S NAME (Type)

REMOVAL (Specify)

Burial

VS 150-REV, 1/1/65

24A. BURIAL CREMATION, 24B. DATE

25A. DATE REC'D BY HEALTH DEPT.

Harry

7-22-1966

Dr.

L. Knipp

258, NAME OF REGISTRAR

Cambridge

Such

on the

and

BALTIMORE CITY HEALTH DEPARTMENT 66 07398 Registered No. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) Ann B. DuSossoit 7-19-1966 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence A. STATE B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND Maryland (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Baltimore House in the Pines - Belvedere D. STREET ADDRESS (If rural, give location 102 W. Oakdale Avenue 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married 5. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. W Hours 9-11-1873 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Weston, W. Virginia U.S.A. Own Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William G. Bideker Winsper

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no grunknown) (If yes, give war or dates of	service) 16. SOCIAL 27. INFORMANT 220-44-8842 Mr. Charles H. Bide	ker Belgian Av
DISEASE OR CONDITION DIRECT	CAUSE OF DEATH (A) Cere had Attenuable assets	INTERVAL BETWEEN ONSET AND DEATH
(This does not meon the mode of dyin heart failure, ostherno, etc. It meons the injury or complication which coused deo	disease, feulite	
ANTECEDENT CAUSES	DUE TO	
DISEASES OR CONDITIONS, if any, rise to the abave cause (A) state UNDERLYING CONDITION lost.		
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	ON FOR WHICH OPERATION [20 A. AUTOPSY? (Yes or No)] 20 B. IF YES, WERE	FINDINGS CONSIDERED
198. CONDITION WAS PERFORM	MED IN CERTIFYING CA	AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Bottimo home, form, foctory, street, office bldg., INJURY OCCUR?	ne City, give exact location)
Z1D. TIME (Month) (Doy) (Year) (HOF INJURY (APPROX.)	While At Work 21E, INJURY OCCUR?	
22. I certify that (1) (this haspital) at that (1) (we) lost saw the deceased of and haur and from the causes stated a		inion deoth accurred on the do
23A, SIGNATURE		228 DATE SIGNED

M.D.

Cemetery

4116 Edmondson Avenue

Henry West Jenkins & 1905 York Road

24D. LOCATION (C)

(City, town, or county)

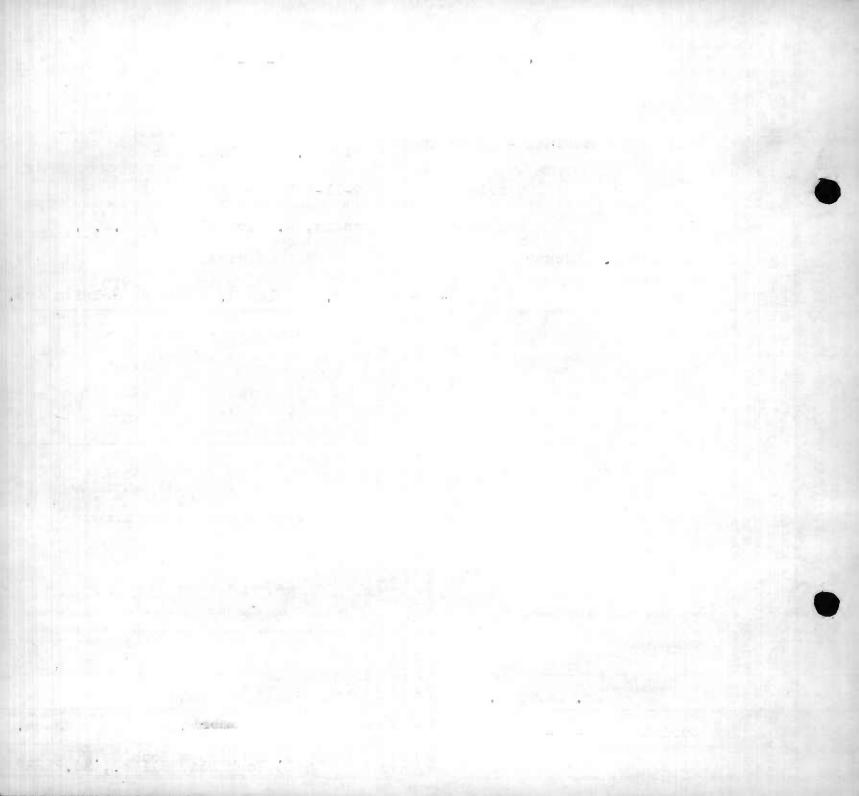
Sons Co Balto.,

(Stote)

Mass.

'Md.21212

ADDRESS



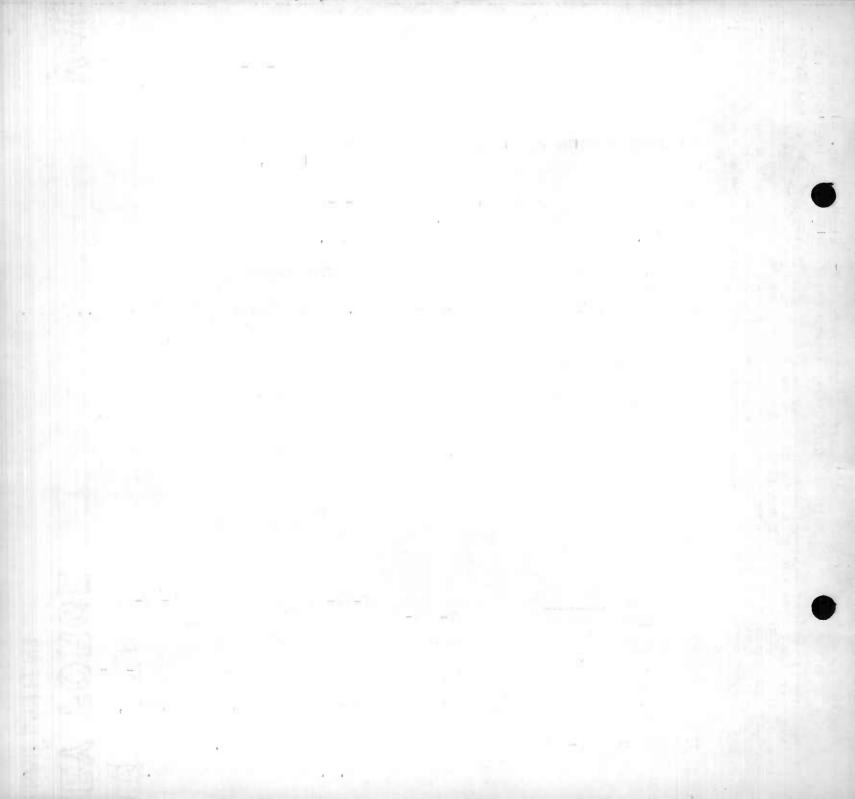
RSCH

SED

EA

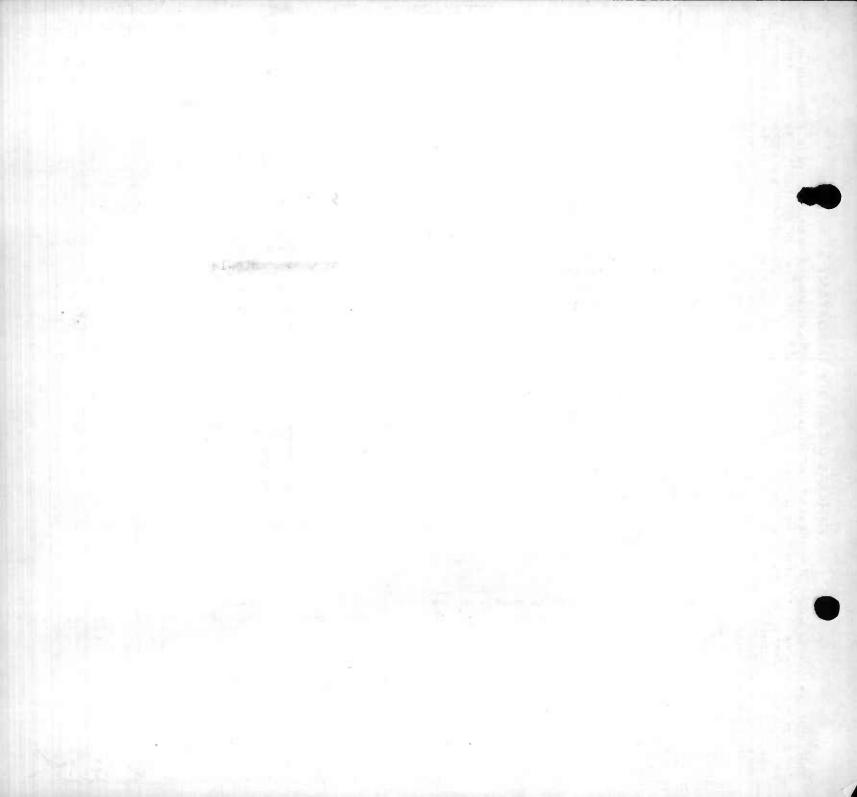
REL

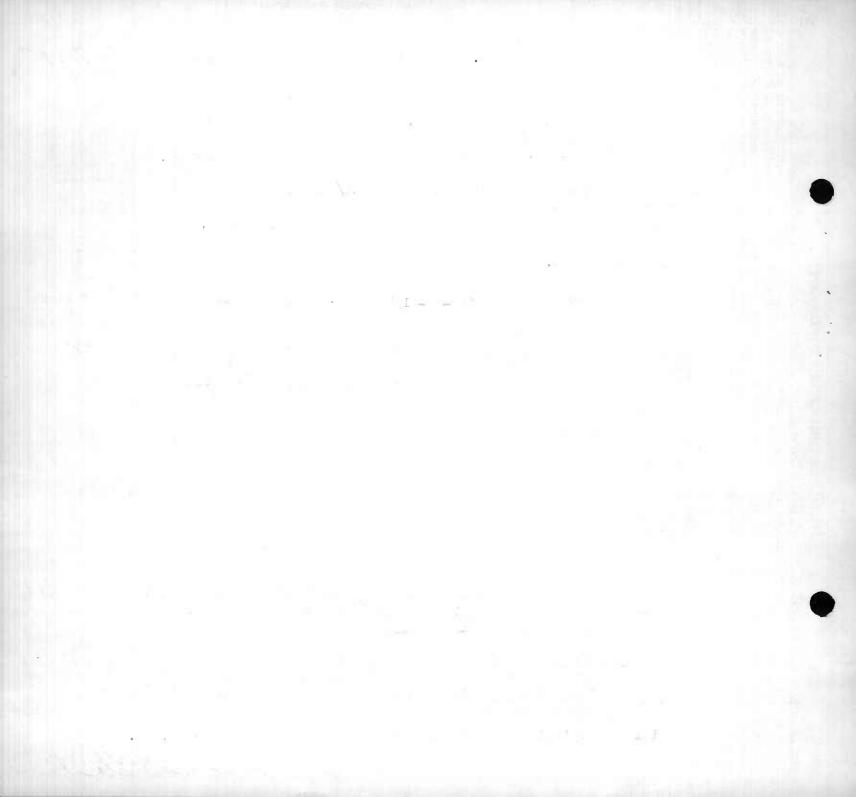
CASE



VS 150-REV. 1/1/65

66 U'7400	BALTIMORE (CITY HEALTH DEPARTMENT	
KIH NO.	CERTIFIC	CATE OF DEATH Registe	red Na. 66 17400
NAME OF DECEASED (ype or Print)	FLORENCE	Elizabeth 2. DATE AND HOUR OF	21100
PLACE OF DEATH IN BALTIMORE, MAR	YLAND		lived. If institution: residence before admission
HOSPITAL OR oddress or location)		C. CITY OR TOWN (If outside city limit	its, write RURAL and give township)
SINAI HOSP OF	BALTIMORE	D. STREET ADDRESS (If rural, give los	cation)
12		2625 MILE	1110
SEMALE WHITE	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	1/9/07 59	Months Doys Hours Min.
A. USUAL OCCUPATION (Give kind af work) ne during most of warking life, even if retired) CLERK	Drugstore	TARYLAND	12. CITIZEN OF WHAT COUNTRY?
FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Hugo Triplett		Mary Ridgley	7
Was Deceased Ever in U. S. Armed Forces, na or unknown) (If yes, give wor or dates	of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No None		Mr. Edward Triplett	5602 Carville Ave.
18. 4493 X	CAUS	E OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRE		EREBRAL VASCULAR	
(This does not mean the made of heart failure, asthenia, etc. It means injury or camplication which caused	dying, e.g., DUE TO the disease,	NEUMONIA + EMPYEI	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if a rise to the above couse (A) UNDERLYING CONDITION tast.	nv. giving	ARONIC LUNG DISEAS	The second second
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.	TED TO THE		
	ORMED	20 A. AUTOPSY? (Yes or Na) 20B. IF YE	S, WERE FINDINGS CONSIDERED YING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)	21B. PLACE OF INJURY (e home, form, factory, stree etc.)	g., in ar obout 21C. WHERE DID (If in the diffice bldg., INJURY OCCUR?	n Boltimare City, give exoct lacotion)
21D. TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.)	(Hour) 21E, INJURY OCCURRED While At Not Not Wark At V	21F. HOW DID INJURY OCCUR	
22. I certify that (1) (this hospital)	attended the deceased fram	6 27 1966 10	7/19 1966
that (I) (we) last saw the deceased	alive on 19	19 6 6 ond that in (my)	(aur) apinion death accurred on the da
and have and from the causes state	ed abave. (1) (We) (did) (did no	ot) view the body after death.	
23A. SIGNATURE	Note M.D.	Attending Med. Stoff Phys.	238. DATE SIGNED
23 C. PHYSICIAN'S NAME (Type)	Local	23D. ADDRESS	11.1100
DAYID A. S	POTT	LO. SINA HOSPITAZ	OP BALTIMORE
A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 7/22/30	24C. NAME of CEMETERY OF		(City, town, or county) (Stote)
Burial 7/22/19			ck, Md.
SA. DATE REC'D BY HEALTH DEPT.	25B, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	Belta ind.





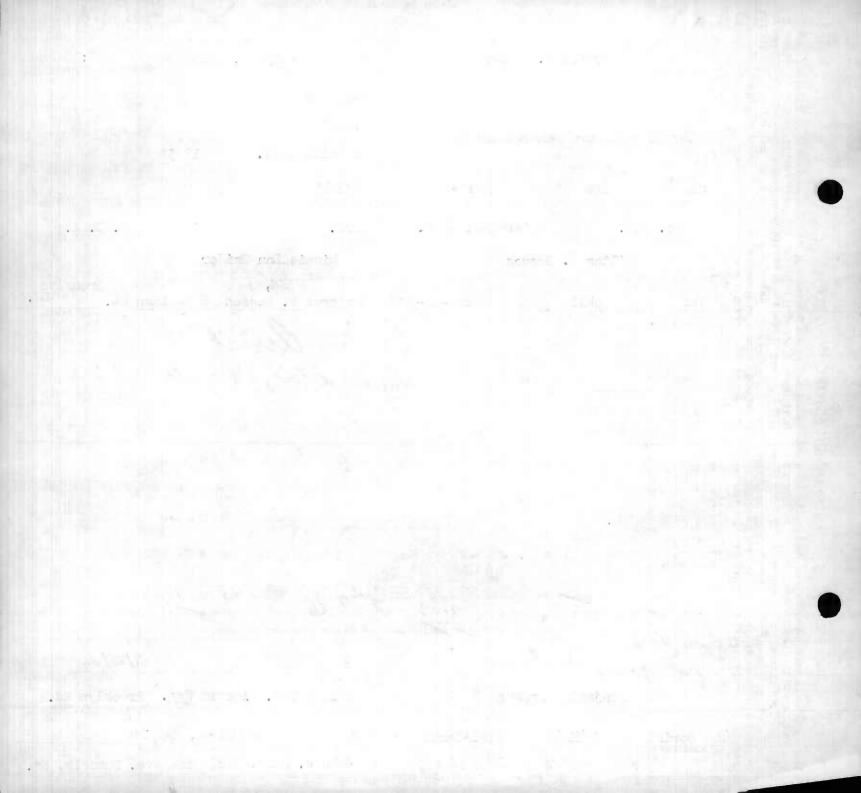
occurred

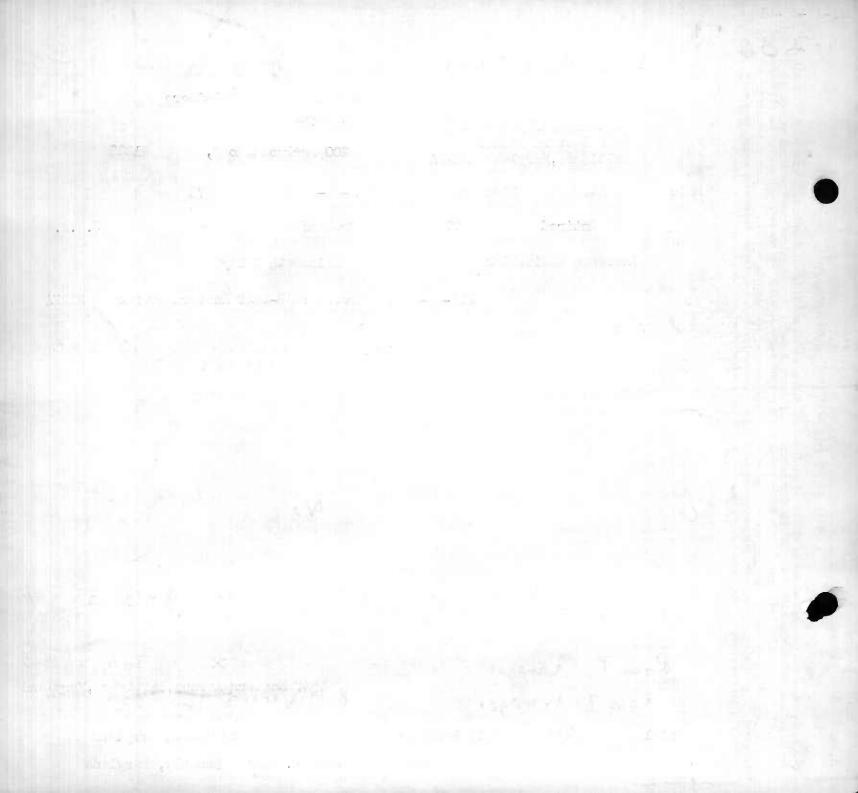
IMPORTAN

UNERAL DIRECTOR:

RALTIMORE CITY HEALTH DEPARTMENT

Md.

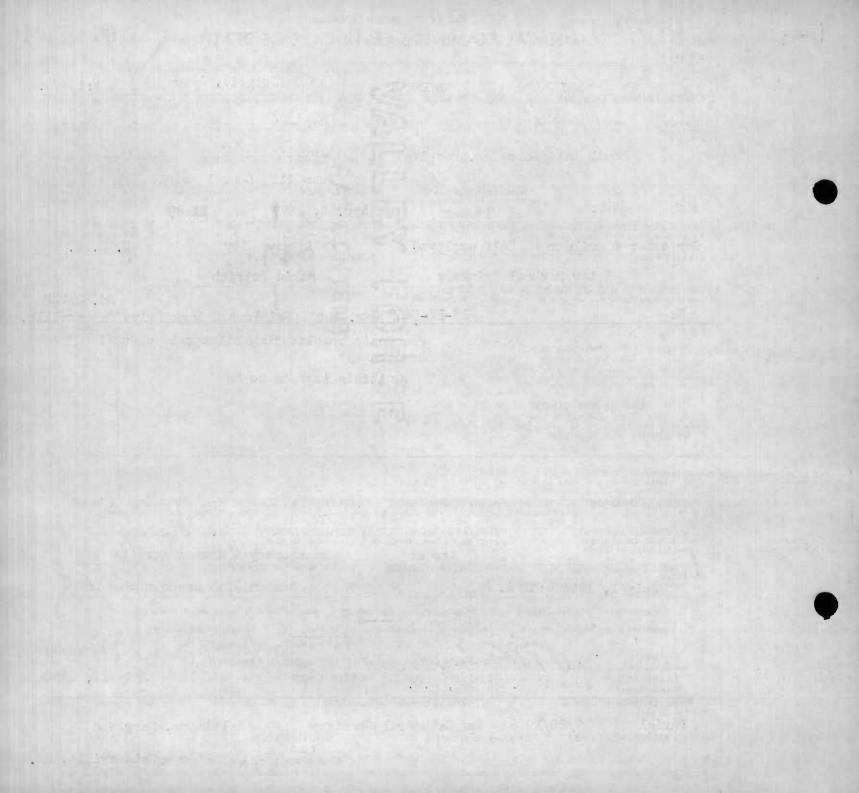




BALTIMORE CITY HEALTH DEPARTMENT

	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	Registered No.	66	074	1
--	---------	------------	-------------	----	-------	----------------	----	-----	---

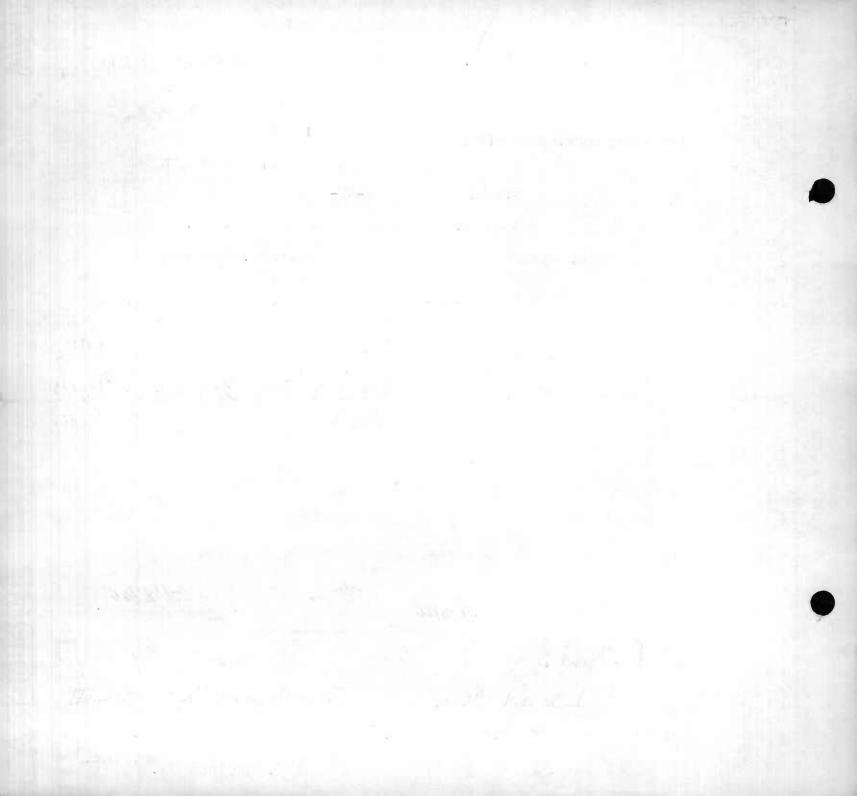
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR PRONOUNCED DEAD To large 17 1066	
WTI.I.TAM TRINKAIIS July 17, 1900	1:15 A.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: repidence in the state of the stat	ence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL on	LUCO
South Baltimore Gen. Hospital Laurel D. STREET ADDRESS (If rurel, give location)	-00
	1 Yr. If Under 24 Hrs.
Male White Widower Apr. 8, 1877 lost birthdoy Months	Doys Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign cauntry) 12. CITIZE WHAT	N OF COUNTRY?
	S. A.
Peter Michael Trinkaus Annie Detrich	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no ar unknawn) (If yes, give war ar dotes af service) SECURITY NO.	Md. 21228
No 215-12-5243 Mr. Cecil Trinkaus 2 Park Drive	
[18. CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY Pneumonia complicating bilateral subdur	SHISET AND DEATH
LEADING TO DEATH hemorrhages	
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) This does not meon the mode of dying, e.g., DUE TO multiple impacts to head	*****************************
AMTECEMBENT CALICEC	
ANTECENDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	· · · · · · · · · · · · · · · · · · ·
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
OF III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes at No.) 208, IF YES, WERE FINDINGS CO	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CO	ONSIDERED
Yes Was Performed Yes	ATH?
21A, EXTERNAL, CAUSE WAS 21B, PLACE OF INJURY (e.g., in ar about 21C. WHERE DID (If in Baltimare City, give exact lact hame, form, factory, street, office bldg., INJURY OCCUR?	cation)
DUNDERLYING OR CONTRIB- DUTING CAUSE OF DEATH. hame, form, factory, street, office bldg., INJURY OCCUR? Etc.) Street Montgomery & Warner Streets	
210 TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) July 1, 1966 4:52 A. WHILE AT NOT WHILE X Beaten with unknown obj	ect
22.	
22.	
22. I certify that I held on Inquiry Inspection Autopsy ond that on this basis, death in my opinion resulted from: Natural causes Accident Suicide Homicide W Undetermined monner CHIEF MEDICAL EXAMINER W	DATE SIGNED
22. I certify that I held on Inquiry Inspection Autopsy ond that on this basis, death in my opinion resulted from: Natural couses Accident Suicide Homicide W. Undetermined monner CHIEF MEDICAL EXAMINER W. ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S Russell S Fisher M.D. ASSOCIATE MEDICAL EXAMINER July	
22. I certify that I held on Inquiry Inspection Autopsy ond that on this basis, death in my opinion resulted from: Notural couses Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER X ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEXAMINER SIGNATURE ASSOCIATE MEDICAL EXAMINER July EXAMINER'S NAME (Type) Russell S. Fisher, M.D. ASSOCIATE MEDICAL EXAMINER July 23A. BURIAL CREMATION, 23B. DATE 23C. NAME at CEMETERY or CREMATORY 23D. LOCATION (City, town, or compared to the content of the con	DATE SIGNED 17, 1966
22. I certify that I held on Inquiry Inspection Autopsy ond that on this basis, death in my opinion resulted from: Notural couses Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER X ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER July EXAMINER'S NAME (Type) Russell S. Fisher, M.D. ASSOCIATE MEDICAL EXAMINER July 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, Jawn, or contents)	DATE SIGNED 17, 1966 ounty) (Stote)
22.	DATE SIGNED 17, 1966 ounty) (Stote)
22. I certify that I held on Inquiry Inspection Autopsy ond that on this basis, death in my opinion resulted from: Notural couses Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER X ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER July EXAMINER'S NAME (Type) Russell S. Fisher, M.D. ASSOCIATE MEDICAL EXAMINER July 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, Jawn, or contents)	DATE SIGNED 17, 1966 ounty) (Stote) and DDRESS

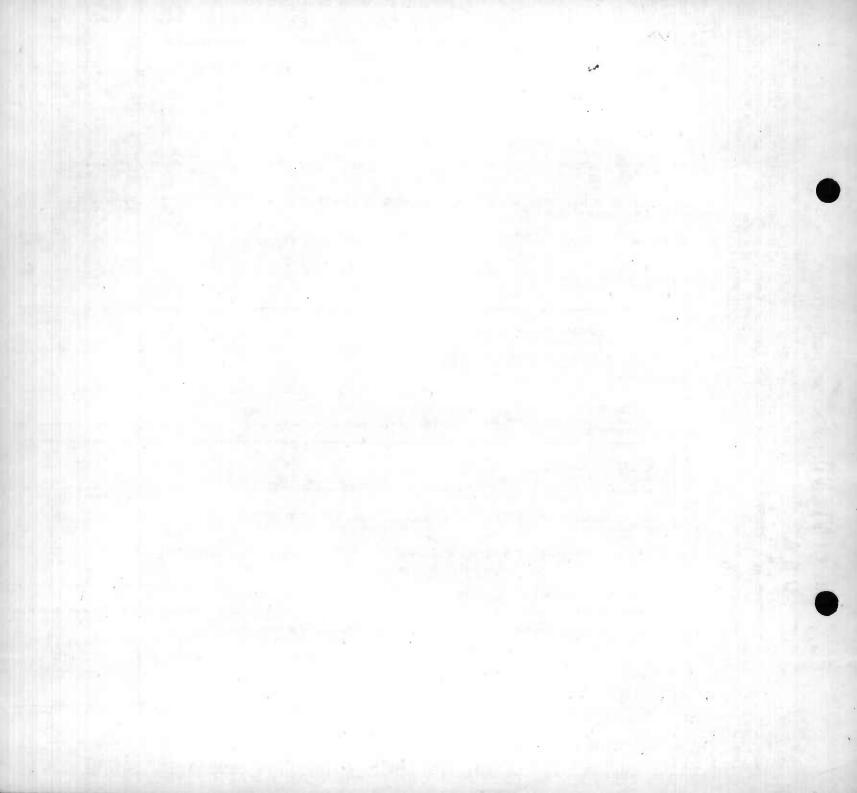


6-90		HEALTH DEPARTMENT	66 07405
	RTH NO. CERTIFICA	TE OF DEATH Registered No.	00 07400
1	NAME OF DECEASED Westey RAVED	2. DATE AND HOUR OF DEATH	17:10 1
3	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If inst A. STATE B. COUNTY	itution: residence before admission)
		BALTIMORE MI	2
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RL	JRAL and give township)
	Baltimore City Hospital	BALTIMORE, ME). 2/2/3
	31 Balto, Uld. 21224	3640 RAYMONN MAS	NUE 26 -63
	SEX Male 6. RACE 7. MARRISD, NEVER MARRIED WIDOWED, DIVORCED (specify) married	B. DATE OF BIRTH (-10-00 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	DA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY one sturing most of working life, even if retired)	Baltanore, Md.	12. CITIZEN OF WHAT COUNTRY?
	STEELWORKER Martin Co.	Bai Colfe, Md.	U87
i	S. FATHER'S NAME JOHN RAKER	14. MOTHERS MAIDEN NAME (ZLEN HASS	
i i	S. Was Deceased Ever in U. S. Armed Forces? (es, no grupknown) (If yes, give wor or doles of service) 212-14-1935	17. INFORMANT Records PCH 4940 Eas	tern Avenue 2122
		F DEATH	INTERVAL BETWEEN
		DILLANIA	ONSET AND DEATH
	LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE TO	ZUMONIA	- DAY
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	2010 METAPLASIA	25 years
	ANTECEDENT CAUSES (B) / C C	0112 1761741678174	02/04/0
	DISEASES OR CONDITIONS, il ony, giving rise to the obove couse (A) stoling the (C)		
	UNDERLYING CONDITION lost,		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	19A, DATE OF OPERATION 119B, CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FI	NDINGS CONSIDERED
		YES	SES OF DEATH? YES
	U 21A) ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,) OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	ffice bldg., INJURY OCCUR?	City, give exect locomon/
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	OF INJURY While At Not Whi (APPROX.) Not Work At Work		
	22. I certify that (1) (this haspital) attended the deceased from		7/19 1966
	tho (1) (we) lost sow the deceased alive on	ond that in (my) (our) opini	ion deoth occurred on the dote
	and hour and from the couses stated above. ((We) (did not)	view the body ofter death.	
	23A. SIGNATURE	ending Med. Stoff	23B. DATE SIGNED
	23C. PHYSICIAN'S M.D. AH	rs. Director Phys.	7/19166
	PRANKUN G-STRAUS M.D.	Butto City Hospitals	Baltimore, Md.
4	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMETERY OF		, town, or county) (State)
100			1d.
4	JUL 21 1966 (P. D. A. E. Galleyna	Schimunek Funeral Hon 3331 Brehms Lane	
:	5 150-REV. 1/1/65	3331 Brehms Lane	

The same of the same said #89 1 00-01-9 The state of the s

ype or Print)	Clase MI	hat I	2. DATE AND HOUR OF DE	1 7/10/11
PLACE OF E	DEATH IN BALTIMORE, MA	Devi L.	4. USUAL RESIDENCE (Where deceased lived,	If institution; residence before admit
FULL NAME	R oddress or locotio	or institution, give street	MARYLAND	wite RURAL and give township)
NOITUTITZNI				0/
33 THE	JOHNS HOPKINS	HOSPITAL	D. STREET ADDRESS (If rurol, give locotion	
SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) SINGLE	B. DATE OF BIRTH 3. AGE (In years lost birthday) 4. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Doys Hours M
			RY 11. BIRTHPLACE (Stote or foleign country)	12. CITIZEN OF
Sheet	of working life, even if retired) Metal	Walter R. Donnel	ly Hagerstown, Md.	WHAT COUNTRY?
3. FATHER'S N			14. MOTHER'S MAIDEN NAME	
	John A. Gl	ass	Mary E. Emers	on
	and Even in U. S. Armed For	rces? 16. SOCIAL	17. INFORMANT	ADDRESS
es, no or unkno	(If yes, give wor or dote		Bachel A Class	istor shows
18. / ()		215-05-4610	Rachel A. Glass, s	ISTEI, ADOVE
Ho	EASE OF COMPLETON DE		OF DEATH	ONSET AND DEAT
. DIZE	EASE OR CONDITION DI LEADING TO DEATH	KECILT	0, 11	1 des
		(A)		
	s not mean the mode of		V	9
heart failu	s nol mean the mode of re, asthenia, etc. It means complication which coused	the diseose,		
heart failu	re, asthenia, etc. Il means	the diseose, death.)	Shr. Jung disen, Osp pro	in. Theres
heart failur injury or c	re, aslhenia, elc. Il means complication which coused ANTECEDENT CAUSES	s the diseose, I death.) (B)	Ilw. Jung disen, Ogp pro	an. Tyears
heart failur injury or co DISEASES rise to	re, aslhenia, elc. II means complication which coused ANTECEDENT CAUSES OR CONDITIONS, if the obave couse (A)	the disease, I death,) (B) OUE TO	Chr. lung disen, Gop proc ASWD	an. Theres
heart failur injury or c DISEASES rise to	re, asthenia, etc. II means complication which coused ANTECEDENT CAUSES OR CONDITIONS, if	the disease, I death,) (B) OUE TO	Ilw. Jung discus, Opp Jone ASOUD	am. Theres
DISEASES rise to UNDERLYI OTHER SIG	re, ashenia, etc. II means complication which coused ANTECEDENT CAUSES OR CONDITIONS, if the obave couse (A) ING CONDITION lost.	any, giving sloling the (C)	Chr. lung disen, Ggp prie ASWD	am. Theres
DISEASES rise to UNDERLYI OTHER SIG	re, ashlenia, etc. II means complication which coused ANTECEDENT CAUSES OR CONDITIONS, if the obave couse (A) ING CONDITION lost. 11 GNIFICANT CONDITIONS COLOR BUT NOT RELADER CONDITION CAUSING	any, giving sloling the (C) CONTRIBUTING ATED TO THE IT.	ASWD [20A. AUTOPSY? (Yes or No)] 208. IF YES, W	YERE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES rise lo UN DERLYI OTHER SIC TO THE DISEASE C 19 A. DATE 21 A. ACCII OR CONTR	re, ashenia, etc. II means complication which coused ANTECEDENT CAUSES OR CONDITIONS, if the obave couse (A) ING CONDITION lost.	any, giving sloling the (C) CONTRIBUTING ATED TO THE IT. IT. SINDITION FOR WHICH OPERATION IN ITS COMMED	ASWD 20A. AUTOPSY? (Yes or No) 208. IF YES, WIN CERTIFYING	YERE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES rise lo UN DERLYI OTHER SIC TO THE DISEASE C 19A. DATE OR CONTR DEATH (no	re, ashenia, etc. II means complication which coused ANTECEDENT CAUSES OR CONDITIONS, if the obave couse (A) ING CONDITION lost.	any, giving sloting the (C) CONTRIBUTING ATED TO THE IT. DIDITION FOR WHICH OPERATION FORMED 21B, PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WIN CERTIFYING	CAUSES OF DEATH?
DISEASES rise Io UN DERLYI OTHER SIG TO THE DISEASE C 19 A. DATE 21 A. ACCII OR CONTR DEATH (no	re, ashenia, etc. II means complication which coused ANTECEDENT CAUSES OR CONDITIONS, if the obave couse (A) ING CONDITION lost.	any, giving sloling the (C) CONTRIBUTING ATED TO THE IT. HOLTON FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not W	20A. AUTOPSY? (Yes or No) 208. IF YES, W IN CERTIFYING office bldg., INJURY OCCUR? (hile	CAUSES OF DEATH?
DISEASES rise lo UN DERLYI OTHER SIG TO THE DISEASE OF 19 A. DATE 21 A. ACCII OR CONTR DEATH (no 21 D. TIME OF INJURY (APPROX.)	re, ashlenia, etc. II means complication which coused ANTECEDENT CAUSES OR CONDITIONS, if the obave couse (A) ING CONDITION lost. II SNIFICANT CONDITIONS (DEATH BUT NOT RELADER OF CONDITION CAUSING OF OPERATION 19B. CONWAS PER CONDITION CAUSING CONDITION CAUSING CONDITION CAUSING CONDITION CAUSING CONDITION CAUSING CAUSING CONDITION CAUSING CONDITION CAUSING CAUS	any, giving sloling the (C) CONTRIBUTING ATED TO THE IT. ADITION FOR WHICH OPERATION FORMED 21 B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) (Hour) 21 E. INJURY OCCURRED While At Not Work	20A. AUTOPSY? (Yes or No) 20B. IF YES, W IN CERTIFYING office bldg., INJURY OCCUR? (hile Dick D	timore City, give exact location)
DISEASES rise lo UN DERLYI OTHER SIG TO THE DISEASE C 19 A. DATE 21 A. ACCII OR CONTR DEATH (no 21 D. TIME OF INJURY (APPROX.) 22. I certi	re, ashenia, etc. II means complication which coused ANTECEDENT CAUSES OR CONDITIONS, if the obave couse (A) ING CONDITION to the obave couse (A) ING CONDITION (A) THE CONDITIONS (A) THE CONDITION CONDITION CONDITION CAUSING OF OPERATION (A) THE CONDITION CAUSING (B) THE CONDITION CAUSING (B) THE CONDITION CAUSING (B) THE CONDITION CAUSING (C) THE CONDIT	any, giving stoling the (C) CONTRIBUTING ATED TO THE IT. DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Work Work At Wo	20A. AUTOPSY? (Yes or No) 20B. IF YES, WIN CERTIFYING IN CERTIFYING Office bldg., INJURY OCCUR? (hile	timore City, give exoct locotion)
DISEASES rise lo UNDERLYI OTHER SIC TO THE DISEASE C 19A. DATE OR CONTR DEATH (no 21D. TIME OF INJURY (APPROX.) 22. I certi that (1) (w	re, ashenia, etc. II means complication which coused ANTECEDENT CAUSES OR CONDITIONS, if the obave couse (A) ING CONDITION lost. II GENTERORY TO THE CONDITION CAUSING OF OPERATION 198. CON WAS PER CONDITION CAUSING OF OPERATION 198. CON WAS PER CONDITION CAUSE OF COURT (Month) (Doy) (Year) If y that (I) (this haspital court of the country of the c	any, giving stoling the (C) CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Work At	20A. AUTOPSY? (Yes or No) 20B. IF YES. W IN CERTIFYING Office bldg., INJURY OCCUR? (hile	timore City, give exact location)
DISEASES rise to UNDERLY! OTHER SIC TO THE DISEASE C 19A. DATE 21A. ACCII OR CONTR DEATH (no 21D. TIME OF INJURY (APPROX.) 22. I certi that (1) (w and haur c	re, ashenia, etc. II means complication which coused ANTECEDENT CAUSES OR CONDITIONS, if the obave couse (A) ING CONDITION lost. II GENTER OF CONDITION CAUSING OF OPERATION 198. CON WAS PER DENT WAS UNDERLYING CHOISING (Month) (Doy) (Year) If y that (I) (this haspitate) last saw the decease and from the causes sta	any, giving stoling the (C) CONTRIBUTING ATED TO THE IT. DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Work Work At Wo	20A. AUTOPSY? (Yes or No) 20B. IF YES. W IN CERTIFYING Office bldg., INJURY OCCUR? (hile	timore City, give exact location) 7/18/66 19
DISEASES rise lo UNDERLYI OTHER SIC TO THE DISEASE C 19A. DATE OR CONTR DEATH (no 21D. TIME OF INJURY (APPROX.) 22. I certi that (1) (w	re, ashenia, etc. II means complication which coused ANTECEDENT CAUSES OR CONDITIONS, if the obave couse (A) ING CONDITION lost. II GENTER OF CONDITION CAUSING OF OPERATION 198. CON WAS PER DENT WAS UNDERLYING CHOISING (Month) (Doy) (Year) If y that (I) (this haspitate) last saw the decease and from the causes sta	any, giving sloling the (C) CONTRIBUTING ATED TO THE IT. ADITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Work Work Not Work 1) attended the deceased fram ed alive an 1966 1966 1966 1966 1966 1966 1966 196	20A. AUTOPSY? (Yes or No) 20B. IF YES. W IN CERTIFYING Office bldg., INJURY OCCUR? (hile	timore City, give exact location)
DISEASES rise lo UN DERLYI OTHER SIG TO THE DISEASE C 19 A. DATE OR CONTR DEATH (no 21 D. TIME OF INJURY (APPROX.) 22 L certi that (1) (w and haur c 23 C. PHYSIG NAME	re, ashenia, etc. II means complication which coused ANTECEDENT CAUSES OR CONDITIONS, if the obave couse (A) ING CONDITION TO THE CONDITION CAUSING OF OPERATION 198. CON WAS PER CONDITION (AUSE OF CONDITION (CONDITION) (Month) (Doy) (Year) (Month) (Doy) (Year) (I) that the causes standards.	any, giving sloling the (C) CONTRIBUTING ATED TO THE IT. ADITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Work Work Not Work 1) attended the deceased fram ed alive an 1966 1966 1966 1966 1966 1966 1966 196	ACUD 20A. AUTOPSY? (Yes or No) 20B. IF YES. W IN CERTIFYING Office bldg., INJURY OCCUR? (If in Bol office bldg., INJURY OCCUR? 19	timore City, give exact location) 7/18/66 19
DISEASES rise lo UN DERLYI OTHER SIG TO THE DISEASE C 19 A. DATE OR CONTR DEATH (no 21 D. TIME OF INJURY (APPROX.) 22 L certi that (1) (w and haur c 23 C. PHYSIG NAME	TREMATION, 1248. DATE	any, giving stoling the (C) CONTRIBUTING ATED TO THE IT. POTON FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Work Work Not Work I) attended the deceased fram ted above. (I) (We) (did) (did nat)	20A. AUTOPSY? (Yes or No) 208. IF YES, WIN CERTIFYING In, in or obout 21C. WHERE DID office bldg., INJURY OCCUR? (hite 21F. HOW DID INJURY OCCUR? (hite 319 and that in (my) (aur) or when bady after death. Attending Med. Staff Phys. 22D. ADDRESS D. Ehris Haysleys for	timore City, give exact location) 7/18/66 19
DISEASES rise lo UN DERLYI OTHER SIG TO THE DISEASE C 19 A. DATE 21 A. ACCII OR CONTR DEATH (no 21 D. TIME OF INJURY (APPROX.) 22. I certi that (1) (w and haur (2) 23 A. SIGNA 23 C. PHYSIC NAME	re, ashenia, etc. II means complication which coused ANTECEDENT CAUSES OR CONDITIONS, if the obave couse (A) ING CONDITION tost. Condition Conditions Cousting of Operation Causing OF Operation Causing OF Operation Causing OF Operation Cause Of Conditions Cause Of Conditi	any, giving sloting the (C) CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Work At Work At Work 1) attended the deceased fram ded alive an 7/18/66 M.D. At M.D.	20A. AUTOPSY? (Yes or No) 20B. IF YES. W. IN CERTIFYING office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? (hile	imore City, give exact location) 7.18.66





		- CC 11 /41)		Y HEALTH DEPARTMENT	
	NO.	66 0740	CERTIFICA	TE OF DEATH Registered	HNO. 66 07408
	ME OF DECE	ASED		2. DATE AND HOUR OF D	EATH
	or Print)		omas Kane	7-2-66	3:15 A
3, PL	ACE OF DEA	TH IN BALTIMORE MA		4. USUAL RESIDENCE (Where deceased live	
				A. STATE B. COUNTY	
	JLL NAME OF	(If not in hospital address or location	or institution, give street	Maryland	
IN:	STITUTION	oddless of locollor			write KURL and give towaship)
27)			Baltimore, 21231	
m.	ho Toh	ng Honking	Hogni tol	D. STREET ADDRESS (If rurol, give locoti	
		ns Hopkins		800 South Broadway	
5. SEX	X	6, RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In year lost birthday)	s If Under 1 Yr. If Under 24 Months Doys Hours Mi
	ale	White		12-27-90 75	
		PATION (Give kind of work rorking life, even if retired)	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ouile (dorning most of W	vining me, even il lenied)			000111111
13. F/	ATHER'S NAM	NE .		14. MOTHER'S MAIDEN NAME	
	James :			Mary XXX Hanson	
15. W. Yes, r	no or unknown)	Ever in U. S. Armed Fare (If yes, give wor or date	s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
11	B. / / /	9	CAUSE O	OF DEATH	INTERVAL BETWEEN
	DISEASI	E OR CONDITION DIR	ECTLY		ONSET AND DEATH
		LEADING TO DEATH		0pneumonia	
		I meon the mode of	dying, e.g., DUE TO	- Priemionra	
P	heort foilure, c	osthenio, etc. II means	the diseose,		
1	DULLY OF COME	plication which caused			
				ncer-Sa Cells Met	to
		NTECEDENT CAUSES	₍₈₎ Ca	ncer-Sq. Cells Met.	to
	DISEASES O	NTECEDENT CAUSES	$\stackrel{ ext{(B)}}{\underset{ ext{DUE TO}}{\text{TO}}} c_{ ext{n}}$	eck	
C	ADISEASES Onise to the	NTECEDENT CAUSES R CONDITIONS, if obove couse (A)	$\stackrel{ ext{(B)}}{\underset{ ext{DUE TO}}{\text{TO}}} c_{ ext{n}}$	ncer-Sq. Cells Met. eck	
C ri	ADISEASES Onise to the	R CONDITIONS, if obove couse (A) CONDITION lost.	$\stackrel{ ext{(B)}}{\underset{ ext{DUE TO}}{\text{TO}}} c_{ ext{n}}$	eck	
ri U	DISEASES O	R CONDITIONS, if obove couse (A) CONDITION lost.	ony, giving sloling lhe (C)	eck	
NOI	DISEASES OF THE SIGNIF	R CONDITIONS, if obove couse (A) CONDITION lost.	ony, giving soling lhe (C) ONTRIBUTING	eck	
ATION	DISEASES OF THE SIGNIF	NTECEDENT CAUSES R CONDITIONS, if obove couse (A) CONDITION lost. II FICANT CONDITIONS C CATH BUT NOT RELACED CONDITION CAUSING I	ony, giving soling lhe (C) ONTRIBUTING TED TO THE	eck	
ATION	DISEASES OF THE SIGNIF	NTECEDENT CAUSES R CONDITIONS, if obove couse (A) CONDITION lost. II FICANT CONDITIONS C CATH BUT NOT RELACED CONDITION CAUSING I	(B) Ca DUE TO DIE TO ONTRIBUTING LIED TO THE T. DITION FOR WHICH OPERATION	eck 20A. AUTOPSY? (Yes or No) 20B. IF YES,	
ERNFICATION	DISEASES OF THE SIGNIFT OF THE DE DISEASE OF C	R CONDITIONS, if obove couse (A) CONDITION lost. II GLANT CONDITIONS C ATH BUT NOT RELACIONDITION CAUSING I OPERATION 198, CONWAS PERI	ONTRIBUTING LIED TO THE T. OITON FOR WHICH OPERATION ORTHOGOUST TO THE T.	eck 20A. AUTOPSY? (Yes or No) 20B. IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
L CERTIFICATION	DISEASES OF THE DESTRUCTION OF T	R CONDITIONS, if obove couse (A) CONDITION lost. II CONDITION IN CONDITIONS CATH BUT NOT RELACIONATION CAUSING TO OPERATION WAS PERFORMED TWAS UNDERLYING CAUSE OF	ONTRIBUTING (TED TO THE T. DITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., ihome, form, foctory, street, or street, o	20A. AUTOPSY? (Yes or No) 20B. IF YES. IN CERTIFYIN IN CERTIFYIN (If in B	WERE FINDINGS CONSIDERED
CAL CERNFICATION	DISEASES OF THE DESCRIPTION OF T	R CONDITIONS, if obove couse (A) CONDITION lost. II FICANT CONDITIONS C ATH BUT NOT RELATION CAUSING I OPERATION 198. CON WAS PERI T WAS UNDERLYING TING CAUSE OF medicol exominer)	ONTRIBUTING (TED TO THE	20A. AUTOPSY? (Yes or No) 20B. IF YES. IN CERTIFYIN in or obout 21C. WHERE DID (If in B	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
DICAL CERREICATION	DISEASES OF THE DE DISEASE OF CONTRIBUTION OF	R CONDITIONS, if obove couse (A) CONDITION lost. II CONDITION IN CONDITIONS CATH BUT NOT RELACIONATION CAUSING TO OPERATION WAS PERFORMED TWAS UNDERLYING CAUSE OF	ONTRIBUTING (TED TO THE	20A. AUTOPSY? (Yes or No) 20B. IF YES. IN CERTIFYIN IN CERTIFYIN (If in B	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
MEDICAL CERREICATION	DISEASES OF THE DESCRIPTION OF T	R CONDITIONS, if obove couse (A) CONDITION lost. II FICANT CONDITIONS C ATH BUT NOT RELATION CAUSING I OPERATION 198. CON WAS PERI T WAS UNDERLYING TING CAUSE OF medicol exominer)	ONTRIBUTING (TED TO THE T. DITION FOR WHICH OPERATION PORMED 218. PLACE OF INJURY (e.g., interpretation) (Hour) 21E. INJURY OCCURRED While At Not While	20A. AUTOPSY? (Yes or No) 20B. IF YES, IN CERTIFYIN IN CERTIFYIN (If in B In Jury Occur?	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
MEDICAL CERUFICATION	DISEASES OF THE DESCRIPTION OF T	R CONDITIONS, if obove couse (A) CONDITION lost. FIGANT CONDITIONS CATH BUT NOT RELATION CAUSING I OPERATION 198. CON WAS PERI TWAS UNDERLYING TING CAUSE OF medicol exominer) (Month) (Doy) (Year)	ONTRIBUTING (TED TO THE	20A. AUTOPSY? (Yes or No) 20B. IF YES. IN CERTIFYIN YES IN CERTIFYIN (If in B INJURY OCCUR?	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
MEDICAL CERUFICATION	DISEASES OF THE SIGNIFT OF THE DEDISEASE OF CONTRIBUTION OF THE DEDISEASE OF	NTECEDENT CAUSES R CONDITIONS, if obove couse (A) CONDITION lost. II CANT CONDITIONS CATH BUT NOT RELACONDITION CAUSING TOPERATION 198. CON WAS PERITING CAUSE OF medicol exominer) (Month) (Doy) (Year)	ONTRIBUTING (TED TO THE	20A. AUTOPSY? (Yes or No) 20B. IF YES. IN CERTIFYIN IN CERTIFYIN (If in B office bidg., NJURY OCCUR? 21F. HOW DID INJURY OCCUR?	WERE FINDINGS CONSIDERED G CAUSES OF DEATH? oltimore City, give exact location) July 2 19
MEDICAL CERUFICATION	DISEASES OF THE SIGNIFT OF THE DEDISEASE OF CONTRIBUTION OF THE DEDISEASE OF	NTECEDENT CAUSES R CONDITIONS, if obove couse (A) CONDITION lost. II CANT CONDITIONS CATH BUT NOT RELACONDITION CAUSING TOPERATION 198. CON WAS PERITING CAUSE OF medicol exominer) (Month) (Doy) (Year)	ONTRIBUTING (TED TO THE	20A. AUTOPSY? (Yes or No) 20B. IF YES. IN CERTIFYIN YES IN CERTIFYIN (If in B INJURY OCCUR?	WERE FINDINGS CONSIDERED G CAUSES OF DEATH? oltimore City, give exact location) July 2 19
MEDICAL CERUFICATION	DISEASES OF THE DESTANCE OF TH	R CONDITIONS, if obove couse (A) CONDITION lost. I CONDITION lost. ICANT CONDITIONS CATH BUT NOT RELACONDITION CAUSING I OPERATION 198, CON WAS PERITURE CAUSE OF Medical examiner) (Month) (Doy) (Year)	ONTRIBUTING STED TO THE T. 218 PLACE OF INJURY (e.g., index, ind	20A. AUTOPSY? (Yes or No) 20B. IF YES, IN CERTIFYIN Sin or about 21C. WHERE DID (If in Buffice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? June 28 19 66 ta 19 66 and that in (my) (au	WERE FINDINGS CONSIDERED G CAUSES OF DEATH? oltimore City, give exoct locotion) July 2 19 6
MEDICAL CERRICATION	DISEASES OF THE DESTANCE OF TH	NTECEDENT CAUSES R CONDITIONS, if obove couse (A) CONDITION lost. II CONDITION lost. CONDITION CAUSING I OPERATION 198. CONDITION CAUSING I OPERATION 198. CONDITIONS OF medicol exominer) (Month) (Doy) (Year) that (I) (this haspital last sow the decease fram the causes state	ONTRIBUTING (TED TO THE	20A. AUTOPSY? (Yes or No) 20B. IF YES, IN CERTIFYIN Sin or about 21C. WHERE DID (If in Buffice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? June 28 19 66 ta 19 66 and that in (my) (au	WERE FINDINGS CONSIDERED G CAUSES OF DEATH? oltimore City, give exoct locotion) July 2 19 6
MEDICAL CERRICATION	DISEASES OF THE DESTANCE OF TH	NTECEDENT CAUSES R CONDITIONS, if obove couse (A) CONDITION lost. I CONDITION lost. RICANT CONDITIONS CATH BUT NOT RELACIONAL CONDITION CAUSING I OPERATION 198. CON WAS PERFORMED CAUSE OF medicol exominer) (Month) (Doy) (Year) that (I) (this haspital last sow the decease fram the causes states.	ONTRIBUTING STED TO THE T. 218. PLACE OF INJURY (e.g., income, form, foctory, street, one of the deceased from the delive on July 2 1 attended the deceased from the delive on July 2 1 attended the deceased from the delive on July 2 2 attended the deceased from the delive on July 2 2 attended the deceased from July 2 3 attended the deceased from July 2 4 attended the deceased from July 2 5 attended the deceased from July 2 6 attended the deceased from July 2	20A. AUTOPSY? (Yes or No) 20B. IF YES. IN CERTIFYIN in or about 21C. WHERE DID in JURY OCCUR? 21F. HOW DID INJURY OCCUR? June 28 19 66 ta 19 66 and that in (my) (automic wheeling Med. Stoff	WERE FINDINGS CONSIDERED G CAUSES OF DEATH? oltimore City, give exoct locotion) July 2 19 6 r) opinian death accurred an the
MEDICAL CERUFICATION ACT 1 1 1 1 1 1 1 1 1	DISEASES OF THE SIGNIF TO THE DE DISEASE OF CONTRIBUTION OF THE DE DISEASE OF CONTRIBUTION OF THE DEATH (notify) PLAN ACCIDEN (notify)	R CONDITIONS, if obove couse (A) CONDITION lost. II CONDITION IOST. II CONDITION IOST. II CONDITION CAUSING I OPERATION 198. CON WAS PERI ING CAUSE OF medicol exominer) It WAS UNDERLYING TING CAUSE OF Medicol exominer) (Month) (Doy) (Year) Thot (I) (this hospital last sow the decease fram the causes state RE	ONTRIBUTING STED TO THE T. 218. PLACE OF INJURY (e.g., independent of the control of the contro	20A. AUTOPSY? (Yes or No) 20B. IF YES. IN CERTIFYIN in or obout 21C. WHERE DID ffice bidg., NJURY OCCUR? 21F. HOW DID INJURY OCCUR? Le	WERE FINDINGS CONSIDERED G CAUSES OF DEATH? oltimore City, give exoct locotion) July 2 19 6 r) opinian death accurred an the
MEDICAL CERUFICATION ACT 1 1 1 1 1 1 1 1 1	DISEASES OF THE DESTANCE OF TH	NTECEDENT CAUSES R CONDITIONS, if obove couse (A) CONDITION lost. II CONDITION lost. CONDITION CAUSING I OPERATION 198. CONDITION CAUSING I OPERATION 198. CONDITIONS OF medicol exominer) (Month) (Doy) (Year) that (I) (this haspital last sow the decease fram the causes state of the course of the course of the causes state of the course of the causes state of the course of the causes state of the causes state of the causes state of the causes	ONTRIBUTING STED TO THE T. 218. PLACE OF INJURY (e.g., income, form, foctory, street, one of the deceased from the delive on July 2 1 attended the deceased from the delive on July 2 1 attended the deceased from the delive on July 2 2 attended the deceased from the delive on July 2 2 attended the deceased from July 2 3 attended the deceased from July 2 4 attended the deceased from July 2 5 attended the deceased from July 2 6 attended the deceased from July 2	20A. AUTOPSY? (Yes or No) 20B. IF YES. IN CERTIFYIN in or obout 21C. WHERE DID injury OCCUR? 21F. HOW DID INJURY OCCUR? Le June 28 19 66 ta 19 66 and that in(my) (out) view the bady ofter death. Lending Med. Director Stoff Phys.	WERE FINDINGS CONSIDERED G CAUSES OF DEATH? oltimore City, give exoct locotion) July 2 19 6 r) opinian death accurred an the
MEDICAL CERUFICATION ACT 19 19 19 19 19 19 19 1	DISEASES OF ONE OF THE SIGNIF TO THE DE DISEASE OR OF THE DE DE DISEASE OR OF THE DISEA	NTECEDENT CAUSES R CONDITIONS, if obove couse (A) CONDITION lost. II CONDITION lost. CONDITION CAUSING I OPERATION 198. CONDITION CAUSING I OPERATION 198. CONDITIONS OF medicol exominer) (Month) (Doy) (Year) that (I) (this haspital last sow the decease fram the causes state of the course of the course of the causes state of the course of the causes state of the course of the causes state of the causes state of the causes state of the causes	ONTRIBUTING STED TO THE T. 218. PLACE OF INJURY (e.g., income, form, foctory, street, one of the deceased from the delive on July 2 1 attended the deceased from the delive on July 2 1 attended the deceased from the delive on July 2 2 attended the deceased from the delive on July 2 2 attended the deceased from July 2 3 attended the deceased from July 2 4 attended the deceased from July 2 5 attended the deceased from July 2 6 attended the deceased from July 2	20A. AUTOPSY? (Yes or No) 20B. IF YES, IN CERTIFYIN in or obout 21C. WHERE DID inffice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? Le	WERE FINDINGS CONSIDERED G CAUSES OF DEATH? oltimore City, give exoct locotion) July 2 19 6 r) opinian death accurred an the
MEDICAL CERVICATION	DISEASES OF THE DE UNDERLYING OTHER SIGNIFT TO THE DE DISEASE OR CONTRIBUTION OF THE DE DISEASE OR CONTRIBUTION OF THE DE THE D	NTECEDENT CAUSES R CONDITIONS, if obove couse (A) CONDITION lost. II CONDITION IOST. RICANT CONDITIONS CAUSING I OPERATION 198. CONDITION CAUSING I OPERATION (A) PER CONDITION (A) PER CONDITION (A) PER CONDITION (A)	ONTRIBUTING STED TO THE T. 218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.) 218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.) (Hour) 21E. INJURY OCCURRED While At Not White At Work At Company At Comp	20A. AUTOPSY? (Yes or No) 20B. IF YES. IN CERTIFYIN In or obout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? Le	were findings Considered G Causes of Death? oltimore City, give exact location) July 2 19 6 r) opinion death accurred on the 238, DATE SIGNED 7-2-66 Ospital
MEDICAL CERVICATION	DISEASES OF ONE OF THE SIGNIF TO THE DE DISEASE OR OF THE DE DE DISEASE OR OF THE DISEA	NTECEDENT CAUSES R CONDITIONS, if obove couse (A) CONDITION lost. II CONDITION IOST. RICANT CONDITIONS CAUSING I OPERATION 198. CONDITION CAUSING I OPERATION (A) PER CONDITION (A) PER CONDITION (A) PER CONDITION (A)	ONTRIBUTING STED TO THE T. 218. PLACE OF INJURY (e.g., independent of the partial of the partia	20A. AUTOPSY? (Yes or No) 20B. IF YES. IN CERTIFYIN In or obout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? Le	were findings Considered G Causes of Death? oltimore City, give exact location) July 2 19 6 r) opinion death accurred on the 238, DATE SIGNED 7-2-66 (Ospital VIII)
WEDICAL CERMFICATION MEDICAL CERMFICATION The state of	DISEASES OF THE DESTANCE OF TH	R CONDITIONS, if obove couse (A) CONDITION lost. CONDITION lost. CONDITION IOST. CONDITION CAUSING I OPERATION 198, CONDITION CAUSING I OPERATION 198, CONDITION CAUSING I OPERATION 198, CONDITION (A) (Year) T WAS UNDERLYING TING CAUSE OF medical examiner) (Month) (Doy) (Year) Thot (I) (this hospital last saw the decease fram the causes state of the causes of the causes state of the causes state of the causes state of the causes of the	ONTRIBUTING STED TO THE T. 218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.) 218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.) (Hour) 21E. INJURY OCCURRED While At Not White At Work At Control of CEMETERY of CR	20A. AUTOPSY? (Yes or No) 20B. IF YES. IN CERTIFYIN In or obout 21C. WHERE DID Siffice bidg., NJURY OCCUR? 21F. HOW DID INJURY OCCUR?	WERE FINDINGS CONSIDERED G CAUSES OF DEATH? oltimore City, give exoct locotion) July 2 19 6 r) opinian death accurred an the 238, DATE SIGNED 7-2-66 Ospital (City) fown, or contry) (Sto
WEDICAL CERMFICATION MEDICAL CERMFICATION The state of	DISEASES OF THE DESTANCE OF TH	NTECEDENT CAUSES R CONDITIONS, if obove couse (A) CONDITION lost. II CONDITION IOST. RICANT CONDITIONS CAUSING I OPERATION 198. CONDITION CAUSING I OPERATION (A) PER CONDITION (A) PER CONDITION (A) PER CONDITION (A)	ONTRIBUTING STED TO THE T. 218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.) 218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.) (Hour) 21E. INJURY OCCURRED While At Not White At Work At Company At Comp	20A. AUTOPSY? (Yes or No) 20B. IF YES. IN CERTIFYIN In or obout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? Le	were findings considered G causes of death? oltimore City, give exect location) July 2 19 6 r) opinion death accurred an the 238, DATE SIGNED 7-2-66 Ospital

Call soul

with Land James Times of

WIDOWED, DIVORCED (specify) WHITE WARRIED 4/26/13 JSUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) PLUMBER ATHERS NAME ANDREW JACKSON SHIPP 14. NOTHERS MAIDEN NAME NOT KNOWN ADDRESS ADDRES
ACE OF DECEASED OF PROTECTION OF STATE AND HOUR OF DEATH ACE OF DEATH IN SACTIMORE, MARYLAND ACE OF DEATH IN SACTIMORE,
ACE OF DEATH IN BALTIMORE MARTLAND A. USUAL RESIDENCE (Where decosed lived. If institution: residence before odmiss) A. STATE A. USUAL RESIDENCE (Where decosed lived. If institution: residence before odmiss) A. STATE A. STATE A. STATE A. STATE A. STATE A. STATE C. CITT OR TOWN (If outside city limits, write policy on give bounship) D. STREET ADDRESS (If rund, give location) S. COUNTY A. STATE C. CITT OR TOWN (If outside city limits, write policy) D. STREET ADDRESS (If rund, give location) S. CITT OR TOWN (If outside city limits, write policy) D. STREET ADDRESS (If rund, give location) S. ALTIMORE J. D. STREET ADDRESS (If rund, give location) S. ALTIMORE J. D. STREET ADDRESS (If rund, give location) S. ALTIMORE J. D. STREET ADDRESS (If rund, give location) S. ALTIMORE J. D. STREET ADDRESS (If rund, give location) S. ALTIMORE J. D. STREET ADDRESS (If rund, give location) S. ALTIMORE J. D. STREET ADDRESS (If rund, give location) S. ALTIMORE J. D. STREET ADDRESS (If rund, give location) S. ALTIMORE J. D. STREET ADDRESS (If rund, give location) S. ALTIMORE J. D. STREET ADDRESS (If rund, give location) S. ALTIMORE J. ANDRESS (If rund, give location) S. ALTIMORE J. ANDRESS (If rund, give location) S. ALTIMORE J. ANDRESS (If rund, give location) S. ALTIMORE J. A. STATE A. STATE C. CUIT OR TOWN (If outside city limits, write policy) S. ALTIMORE J. A. STATE C. CUIT OR TOWN (If outside city limits, write policy) D. STREET ADDRESS (If rund, give location) S. ALTIMORE J. D. STREET ADDRESS (If rund, give location) S. ALTIMORE J. A. STATE C. CUIT OR TOWN (If outside city limits, write policy) D. STREET ADDRESS (If rund, give location) S. ALTIMORE J. D. STREET ADDRESS (If rund, give location) S. ALTIMORE J. A. STATE S. ALTIMORE J. A. STA
ASTATE B. COUNTY AND COLUMN MEMORIAL HOSPITAL BE LIMON M
DISEASE OR CONDITION DIRECTLY LEADING TO ROUND (If outside city limits, write activation and give loweship) AND CALVERT ST. (BALTMORE MARRIED MIDOWED, DIVORED) signed with a condition of the proof of
BRO AND CALVERT ST. BACTHORE IND. STREET ADDRESS (III Turol, give location) 3 9 9 FORSUCH AUE. 1. BACTHORE IND. STREET ADDRESS (III Turol, give location) 3 9 9 FORSUCH AUE. S. D. STREET ADDRESS (III Turol, give location) 3 9 9 FORSUCH AUE. S. D. STREET ADDRESS (III Turol, give location) 3 9 9 FORSUCH AUE. S. D. STREET ADDRESS (III Turol, give location) 3 9 9 FORSUCH AUE. S. D. STREET ADDRESS (III Turol, give location) 3 9 9 FORSUCH AUE. S. D. STREET ADDRESS (III Turol, give location) 3 9 9 FORSUCH AUE. S. D. STREET ADDRESS (III Turol, give location) 3 9 9 FORSUCH AUE. S. D. STREET ADDRESS (III Turol, give location) 3 9 9 FORSUCH AUE. S. D. STREET ADDRESS (III Turol, give location) 4 2 9 10 10 10 10 10 10 10 10 10 10 10 10 10
AND CALVERT ST. BATTMORE IND 8. SARCE 9. AGE (In years lost birthday) JUNIOR ST. BATTMORE IND 9. AGE (In years lost birthday) JUNIOR ST. BATTMORE IND 9. AGE (In years lost birthday) JUNIOR ST. BATTMORE IND 4/26/33 JUNIOR ST. BRITHPLACE (Stole or foreign country) JUNIOR ST. BRITHPLACE (
ADDREW ATHERS NAME ATHERS NAME ATHERS NAME ATHERS NAME ADDREW ACKS A B, DATE OF BIRTH WIDOWED, DIVORCED (specify) ACKS A ATHERS NAME ADDRESS ADDR
ANDREW TO SUSTAIN THE STAND TO DEATH DISEASE OR CONDITION S, e.g., the disease, not of cause fill means the disease, not of the stand of cause for the disease, not of the fill means the disease, not of the fill means the disease, not of the cause of condition sconditions contributing the course of condition sconditions as the cause of condition as the cause of condition causing it. III Under 14 Hours Minham with the course of conditions conditions considered in certain of the course of condition for which operation was performed. ANTECEDENT CAUSES III OTHER SIGNIFICANT CONDITION S. CONTRIBUTING TO THE DISEASE OR CONDITION TO RELATED TO THE DISEASE OR CONDITION CAUSING TO. ANTECEDENT CAUSES ONE of the course of course (A) staling the course of course of course (A) staling the course of cours
JUNGER OF CONDITION DIRECTLY LEADING TO DEATH This does not mende of dying, e.g., heart follow, etc., li means the disease, mijury or camplication which caused death.) ANTECEDENT CAUSES DISEASE OR CONDITION S, if any, giving ise to the above cause (A) staling the UNDERLYING CONDITION Idst. OTHER SIGNIFICANT CONDITION S CONTRIBUTING TO THE DISEASE OR CONDITION S CONSIDERED IN CERTIFYING CAUSES OF DEATH OTHER SIGNIFICANT CONDITION S CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING II. OTHER SIGNIFICANT CONDITION S CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING II. OTHER SIGNIFICANT CONDITION TO THE DEATH IN THE SIGNIFICANT CONDITION TO THE DEATH IN THE SIGNIFICANT CONDITION CAUSING II. OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING II. OTHER SIGNIFICANT CONDITION CAUSING II. OTHER SIGNIFICANT CONDITION CAUSING II. OTHER SIGNIFICANT CONDITION CAUSING II. OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING II. OTHER SIGNIFICANT CONDITION CAUSING II. OTHER SIGNIFICANT CONDITION CAUSING II. OTHER SIGNIFICANT CONDITION CAUSING II. OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING II. OTHER SIGNIFICANT CONDITION C
ATHERS NAME ATHERS NAME ANDREW ACKSON SHIPP 14. MOTHERS MAIDEN NAME NOT KNOWN 17. INFORMANT ADDRESS 43. GORSWARE, BALL SECURITY NO.
ATHERS NAME AND KNOWN OF Decessed Ever in U. S. Armed Forces? OF Decessed Ever in U. S. Armed Forces? OF Decessed Ever in U. S. Armed Forces? OF DECESSOR OF CONDITION DIRECTLY LEADING TO DEATH This does not mean the made of dying, e.g., the disease, injury or camplication which caused death.) ANTECEDENT CAUSE DISEASES OR CONDITIONS, if any, giving ise to the obave cause (A) staling the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 9A. DATE OF OPERATION 198. CAUSE OF DEATH AND CAUSE OF DEATH AND CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH AND CAUSE OF DEATH OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 9A. DATE OF OPERATION 198. CAUSE OF DEATH 10 CAUSE OF DEATH 11 CAUSE OF DEATH 12 CAUSE OF DEATH 13 CAUSE OF DEATH 14. MOTHER'S MAIDEN NAME NOT KNOWN 15 CAUSE OF DEATH AND CAUSE OF DEATH AND CAUSE OF DEATH OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 9A. DATE OF OPERATION 198. CAUSE OF DEATH? 10 CERTIFYING CAUSES OF DEATH?
ANDREW JACKSON SHIPP OF Decessed Ever in U. S. Armed Forces? OF DECESSED IN C. S. Armed Forces? OF DECESSED IN C. S. Armed Forces? OF JACKSON J. S. ARMED J. S. ALLLIAN J.
DISEASE OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION Set. Are to the abave cause (A) stating the UNDERLYING CONDITION Set. Are to the abave cause (A) stating the UNDERLYING CONDITION Set. Are to the abave cause (A) stating the UNDERLYING CONDITION Set. Are to the abave cause (A) stating the UNDERLYING CONDITION Set. Are to the abave cause (A) stating the UNDERLYING CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 99. Date of Operation 198. Condition for which operation Was Performed 198. Condition for which operation Was Performed 198. Considered in Certifying Causes of Death?
SECURITY NO. 39 GORSUCA AVE, BALLIAM MARGARET SHIPP INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH This does nal mean the made at dying, e.g., heart failure, asthenia, etc. II means the disease, nijury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving ise to the abave cause (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 9A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 19B. CONDITION FOR WHICH OPERATION 19B. CONDITION SCONSIDERED IN CERTIFYING CAUSES OF DEATH?
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH This daes nat mean the made of dying, e.g., heart failure, asthenia, etc., It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 9A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED INTERVAL BETWEEN ONSET AND DEATH ON DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH This daes nat mean the made of dying, e.g., heart failure, asthenia, etc., It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 9A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED INTERVAL BETWEEN ONSET AND DEATH ON DEATH
LEADING TO DEATH This does not mean the made of dying, e.g., heart failure, asthering, etc., II means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 9A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED (A) (B) DUE TO (B) DUE TO (C) DUE TO 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
This does not mean the made at dying, e.g., heart like disease, injury ar camplication which coused death.) ANTECEDENT CAUSES ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 9A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED DUE TO (C) 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ANTECEDENT CAUSES ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the (C) UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 9A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION (WAS PERFORMED) WAS PERFORMED (B) DUE TO (C) UNDERLYING CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. (C) (D) (D) (D) (D) (D) (D) (D)
DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the (C) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 9A. DATE OF OPERATION 179B. CONDITION FOR WHICH OPERATION WAS PERFORMED 199B. CONSIDERED IN CERTIFYING CAUSES OF DEATH?
IN THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 9A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED (C) (C) (C) (C) (C) (D) (C) (D) (C) (D) (D
UNDERLYING CONDITION IOSI. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 9A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 10B. CONSIDERED IN CERTIFYING CAUSES OF DEATH?
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 9A. DATE OF OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) WAS PERFORMED 20A. AUTOPSY? (Yes or No) IN CERTIFYING CAUSES OF DEATH?
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 9A. DATE OF OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No!) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
9A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
()
TA ACCIDENT WAS LINDERLYING 1218 PLACE OF INLIBY (e.g. in or about 210 WHERE DID 111 in Rollingia City vive avent booker)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
DEATH (notify medical examiner) etc.)
PTD, TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?
APPROX.) While At Not White At Work
2. I certify that (1) (this hospital) attended the deceased from July 19 19 66 to July - 19 19 66.
hat (I) (we) last saw the deceased alive an
and hour and from the couses stated obave. (i) (We) (did) (did not) view the body after death.
3A. SIGNATURE 23B. DATE SIGNED M.D. Altending Med. Stoff
Alending Med. Stoff Phys. July 19, 1966 23C. PHYSICIAN'S Alending Med. Director Phys. July 19, 1966
NAME (Type)
P. M. CHANG UNION MEMORIAL HOSPITAL BURIAL CREMATION, 24B. DATS /24C. NAME of CEMETERY of CREMATORY,
BUNIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote
DATE REC'D BY HEALTH DEPT. 158. NAME OF REGISTRAR 125C. FUNERAL DIRECTOR ADDRESS
DATE REC'D BY HEALTH DEPT. 1258, NAME OF REGISTRAR 125C. FUNERAL DIRECTOR ADDRESS JUL 21 1986 (R.C. & & C. & C. & C. & C. & C. & C. & C
50-REV. 1/1/65

IMPORTANT

FUNERAL DIRECTOR:

	ME OF DECEA		77 11		D HOUR OF DEAT	TH
		LULA	K. Harris	7-19-		f institution: residence before of
3. PL	ACE OF DEATH	IN BALIMORE, MA	RTEAND	A. STATE B. COUN	e deceased lived. II TY	f institution: residence before od
	ILL NAME OF	(If not in hospital address or location	or institution, give street	Maryland C. CITY OR TOWN (If outs		
	STITUTION	outless of locollot			side city limits, writ	te RURAL and give township)
		425 E. Lar	vale Street	Baltimore D. STREET ADDRESS (If r	urol, tive location)	
0	0	Baltimore,		425 E. Lanvale	Ctroot	
5. SEX	χ 6.	RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr. If Under Months: Doys Hours
For	mala	Colored	Married (specify)	11-29-01	ost birthdoy)	Months Doys Hours
10A. U	JSUAL OCCUPA	ATION (Give kind of work	10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF
done o		ting life, even if retired)		Johnasburg, Geor	rgia	U.S.A.
13. FA	ATHER'S NAME	4		14. MOTHER'S MAIDEN NAM		
		Huzzie		Lelia Milbrook		
15. W.		er in U. S. Armed For	ces? 16. SOCIAL	17. INFORMANT		ADDRESS
(Yes, n		yes, give wor or dote			/05 B 3	
- 3	2			George Harris	425 E. Lan	
18	B. 443	X	CAUSE O	FDEATH		INTERVAL BETWE
i i	heort foilure, os injury ar campli AN DISEASES OR ise la the	ADING TO DEATH meen the made of thenia, etc. II means colian which caused TECEDENT CAUSES CONDITIONS, if abave cause (A) CONDITION last.	dying, e.g., DUE TO / DUE TO DUE TO DUE TO (C)	pertensive Col Axterioscleusi	dienes Culter S	Useds C.
NOI	heort foilure, os injury or campli AN DISEASES OR ise to the UNDERLYING (OTHER SIGNIFIC TO THE DEA	meon the made of thenia, etc. It means colian which caused TECEDENT CAUSES CONDITIONS, if abave cause (A) CONDITION last. II CANT CONDITIONS CANT CANT CANT CANT CANT CANT CANT CANT	SIGNING THE (C)	Prterio Sclensi	diens Coller S	Chseds C
ATION	heort foilure, os injury ar campli AN DISEASES OR rise to the UNDERLYING (OTHER SIGNIFIC TO THE DEA DISEASE OR CO	meen the made of thenia, etc. It means colian which caused TECEDENT CAUSES CONDITIONS, if abave cause (A) CONDITION last. II ANT CONDITIONS CAUSE OF THE BUT NOT RELADIONITION CAUSING IPERATION [198, CON]	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION	PERTENSIVE (A.F.) Pr tepio Scleres		
ATION	heort foilure, os injury ar campli AN DISEASES OR rise to the UNDERLYING (OTHER SIGNIFIC TO THE DEA DISEASE OR CO	meen the made of thenia, etc. It means cotion which caused TECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION last.	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION			RE FINDINGS CONSIDERED CAUSES OF DEATH?
CERTIFICATION	ANDISEASES OR CISE IN THE DEAL OF OR CO.	meon the made of thenia, etc. It means cotion which caused ITECEDENT CAUSES CONDITIONS, if abave cause (A) CONDITION last. II CANT CONDITIONS CAUSING ITEM CAUSE OF	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WEI	
DICAL CERTIFICATION	ANDISEASES OR CONTRIBUTION OF THE DEAD OF CONTRIBUTION OF THE DEAD OF CONTRIBUTION OF THE CONTRIBUTION OF	meon the made of thenia, etc. It means cotion which caused ITECEDENT CAUSES CONDITIONS, if abave cause (A) CONDITION last. II CANT CONDITIONS CAUSING ITEM CAUSE OF	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.) (Hour) 21E. INJURY OCCURRED	20 A. AUTOPSY? (Yes or No) n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	20B. IF YES, WEI IN CERTIFIING ((If in Boltin	RE FINDINGS CONSIDERED CAUSES OF DEATH?
AEDICAL CERTIFICATION	ANDISEASES OR CISE IN THE SIGNIFIC OTHER SIGNIFICATION OF SIGNIFICATION O	meen the made of thenia, etc. It means cotion which caused TECEDENT CAUSES CONDITIONS, if abave cause (A) CONDITION last. LANT CONDITIONS COTH BUT NOT RELANDITION CAUSING I PERATION 198. CONWAS PERION WAS UNDERLYING CAUSE OF edical examiner)	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	20 A. AUTOPSY? (Yes or No) n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR? 21 F. HOW DID INJU	20B. IF YES, WEI IN CERTIFIING ((If in Boltin	RE FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL CERTIFICATION	ANDISEASES OR CIDENT OF CONTRIBUTION OF CONTRI	meen the made of thenia, etc. It means cotion which caused tecepent CAUSES CONDITIONS, if abave cause (A) CONDITION last. II CANT CONDITIONS CAUSING IN THE BUT NOT RELAUTION CAUSING CAUSE OF edical exominer)	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED 218 PLACE OF INJURY (e.g., 1 home, form, foctory, street, o etc.) (Hour) 21E INJURY OCCURRED While At Not While At Work	20 A. AUTOPSY? (Yes or Not n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR? 21 F. HOW DID INJU	20B. IF YES, WEI IN CERTIFYING ((If in Bolhim	RE FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL CERTIFICATION	ANDISEASES OR CONTRIBUTION OF THE DEAD OF THE DEAD OF THE DEAD OF THE DEAD OF THE DEATH (notify more period).	meen the made of thenia, etc. It means cotion which caused TECEDENT CAUSES CONDITIONS, if abave cause (A) CONDITION last. IL ANT CONDITIONS CAUSING IN BUT NOT RELANDITION CAUSING IN PERATION 198. CON WAS PERION CAUSE OF edical examiner) Was UNDERLYING CAUSE OF edical examiner) Month) (Day) (Year)	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.,) (Hour) 21E. INJURY OCCURRED While At Not Whill Work Ottended the deceased from 1	20 A. AUTOPSY? (Yes or No) n or obout 21 C. WHERE DID ffice bidg., INJURY OCCUR? 21 F. HOW DID INJURY	208. IF YES, WEI IN CERTIFYING ((If in Boltin) JRY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH? note City, give exact location)
MEDICAL CERTIFICATION 5.0 0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.	ANDISEASES OR SEE TO THE DEAD DISEASE OR COTHER SIGNIFICATION OF THE DEAD DISEASE OR COTHER DEATH (nohity manual part of the print of t	meen the made of thenia, etc. It means cotion which caused TECEDENT CAUSES CONDITIONS, if abave cause (A) CONDITION last. IL ANT CONDITIONS CAUSING I PERATION PERATION PERATION PERATION PERATION PERATION (CAUSE OF edical examiner) WAS UNDERLYING CAUSE OF edical examiner) of (1) (this hospital est saw the decease	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED 218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.) (Hour) 21E. INJURY OCCURRED While At Not While At Work) ottended the deceased from	20A. AUTOPSY? (Yes or No) n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJU e	208. IF YES, WEI IN CERTIFYING ((If in Boltin) JRY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL CERTIFICATION THE COLUMN	AN DISEASES OR rise to the UNDERLYING (OTHER SIGNIFIC TO THE DEA DISEASE OR CO PALDATE OF O TIAL ACCIDENT DEATH (notify m TID. TIALE OF INJURY APPROX.) 12. I certify th hot (I) (we) lo and hour and fi	meon the made of thenia, etc. It means cotion which caused trecedent CAUSES CONDITIONS, if above cause (A) CONDITION last. II CANT CONDITIONS CAUSING IN THE BUT NOT RELAUDITION CAUSING CAUSE OF edical exominer) Month) (Day) (Year) of (1) (this hospital est saw the decease rom the couses stated	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.,) (Hour) 21E. INJURY OCCURRED While At Not Whill Work Ottended the deceased from 1	20A. AUTOPSY? (Yes or No) n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJU e	208. IF YES, WEI IN CERTIFYING ((If in Boltin) JRY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH? nore City, give exoct location) July 19- ppinion deoth occurred on t
MEDICAL CERTIFICATION THE COLUMN	ANDISEASES OR SEE TO THE DEAD DISEASE OR COTHER SIGNIFICATION OF THE DEAD DISEASE OR COTHER DEATH (nohity manual part of the print of t	meon the made of thenia, etc. It means cotion which caused trecedent CAUSES CONDITIONS, if above cause (A) CONDITION last. II CANT CONDITIONS CAUSING IN THE BUT NOT RELAUDITION CAUSING CAUSE OF edical exominer) Month) (Day) (Year) of (1) (this hospital est saw the decease rom the couses stated	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.,) (Hour) 21E. INJURY OCCURRED While At Not While Work Ottended the deceased from At Work d olive on At Work M.D. Attended that At Month of the deceased from At Work M.D. Attended the deceased from At While deceased from At Work M.D. Attended the deceased from At M.D. Attended the deceased from Attended the deceased	20A. AUTOPSY? (Yes or No) n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJU e	20B. IF YES, WEIN CERTIFYING ((If in Boltin JRY OCCUR? 9to	RE FINDINGS CONSIDERED CAUSES OF DEATH? note City, give exact location)
MEDICAL CERTIFICATION THE TOTAL CERTIFICATION TOT	ANDISEASES OR CONTRIBUTION OF INJURY APPROX.) 17. Indiana in the contribution of the	meen the made of thenia, etc. It means cotion which caused trecedent CAUSES CONDITIONS, if abave cause (A) CONDITION last. LANT CONDITIONS CAUSE OF CAUSE O	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.,) (Hour) 21E. INJURY OCCURRED While At Not While At Work Ottended the deceased from At work d olive on At Many (did) (did nat) when the company of	20A. AUTOPSY? (Yes or No) n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJU e	208. IF YES, WEI IN CERTIFYING ((If in Boltin JRY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH? nore City, give exoct location) July 19- ppinion deoth occurred on t
MEDICAL CERTIFICATION THE TOTAL CERTIFICATION TOT	AN DISEASES OR rise to the UNDERLYING (OTHER SIGNIFIC TO THE DEA DISEASE OR CC TO THE DEA TO THE DEA TO THE	meen the made of thenia, etc. It means colian which caused trecedent caused trecedent caused trecedent cause (A) conditions (A) condition to the sum of th	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED 218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.) (Hour) 21E. INJURY OCCURRED While At Not Whill Work Ottended the deceased from At Work ottended the deceased from At Work At Work M.D. Atternity	20 A. AUTOPSY? (Yes or No) n or obout 21 C. WHERE DID ffice bidg., INJURY OCCUR? 21 F. HOW DID INJU 2	208. IF YES, WEI IN CERTIFYING ((If in Boltin JRY OCCUR? 9to	RE FINDINGS CONSIDERED CAUSES OF DEATH? nore City, give exoct location) July 19- ppinion deoth occurred on t
MEDICAL CERTIFICATION	AN DISEASES OR rise to the UNDERLYING (OTHER SIGNIFIC TO THE DEA DISEASE OR CO PALDATE OF O TIAL ACCIDENT DEATH (notify m TID. TIME OF INJURY APPROX.) 12. I certify th hot (I) (we) to and hour and fi 3A. SIGNATURE	meen the made of thenia, etc. It means cotion which caused thenia, etc. It means cotion which caused thenia, etc. It means cotion which caused the course (A) conditions, if above cause (A) conditions of the But not related the course of the	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.,) (Hour) 21E. INJURY OCCURRED While At Not While At Work Ottended the deceased from At work d olive on At Many (did) (did nat) when the company of	20A. AUTOPSY? (Yes or No) n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJU e	208. IF YES, WEI IN CERTIFYING ((If in Boltin JRY OCCUR? 9to of in(my) (aux) of Stoff Phys	RE FINDINGS CONSIDERED CAUSES OF DEATH? nore City, give exoct location) July 19- ppinion deoth occurred on t

1.00

The second of th

The state of the s

Sontelli -lia

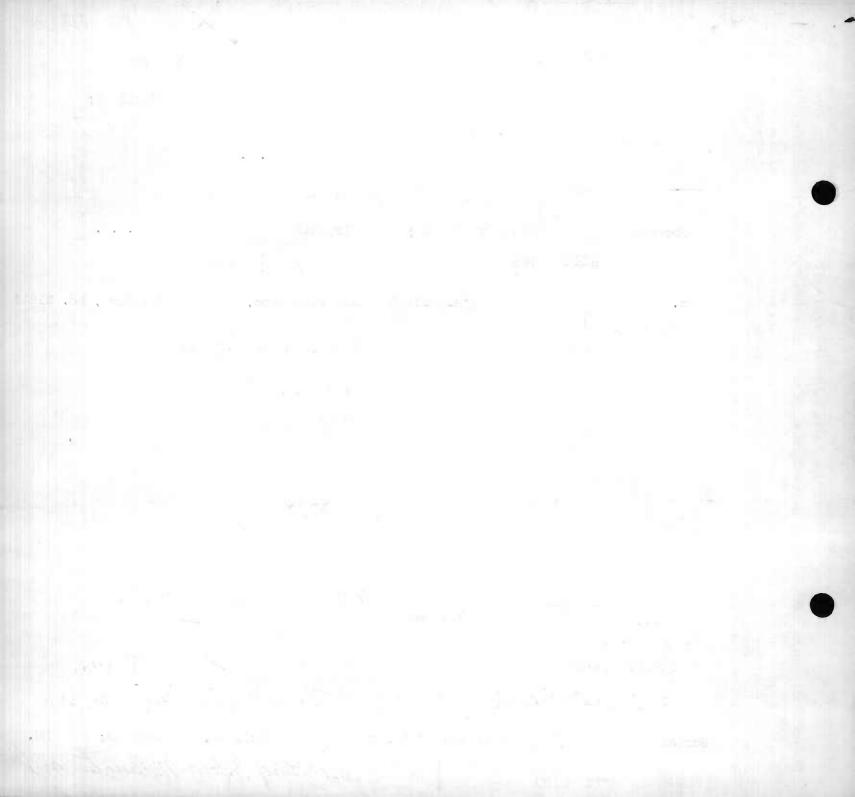
tostem Left 1970 - Left 1970 -

46-54-93 DH

етн No. 66 07411		THE COLUMN TWO IS NOT THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF	66 07411
	CERTIFICA	TE OF DEATH Registered No.	•
M.E. CASE NO. 1, NAME OF DECEASED		2. DATE AND HOUR OF DEAT	н
(Type or Print) WILEY DUNIC	AN	7-19-66	700/
3. PLACE OF DEATH IN BALTIMORE, MAR		4. USUAL RESIDENCE (Where deceased lived. II	institution: residence before odmissio
		A. STATE B. COUNTY	
FULL NAME OF (If not in hospital or HOSPITAL OR oddiess or location)	r institution, give street	MARYLAND	BUBAL
BALT IMORE CI		C. CITY OR TOWN (If outside city limits, write	RURAL and give township)
2 4940 EASTERN		BALTIMORE D. STREET ADDRESS (If ruiol, give focusion)	00
BALTIMORE, MAI		1512 E. LANVALE STREET	#21213
MALE NEGRO	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	UNKNOWN	6-15-1901 65	
OA, USUAL OCCUPATION (Give kind of work) Ione during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Labor	NORTH CAROLINA	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Timothy Dunican		BETTY DINICAN- deceas	and .
5. Wos Deceased Ever in U. S. Armed Force	114 500111		
(Yes, no or unknown) (If yes, give wor or dotes	of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT BALTIMORE CITY F	HOSPITALS
no	577-07-8924	RECORDS: 4940 EASTERN AVE	BALTO., MD.#212
1B. 600.0 I	CAUSE O	F DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRE	ECTLY		ONSET AND DEATH
LEADING TO DEATH		Dada Dada a	
(This does not mean the made of	dying, e.g., DUE TO	Meumonia	
heart failure, asthenia, etc. II means	the disease,		
injury ar camplication which caused	deam.)	melone about in	
ANTECEDENT CAUSES	DUE TO	Jan	
DISEASES OR CONDITIONS, if a	ny, giving	szelonephitis septiemia	
rise to the above cause (A) UNDERLYING CONDITION last.	slating the (C)	dep pramie	
OTHER SIGNIFICANT CONDITIONS CO			, c.he.:
			Looider R hemi
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.	ONTRIBUTING THE Chranic brace	insognatione suzure de	FINDINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.	ONTRIBUTING TED TO THE Chrane broad	syndrone sugue de 2012. Al 2012. AL 2012. AUTOPSY? (Yes & No) 2018. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CO. TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERF	ONTRIBUTING THE Chranic brace DITION FOR WHICH OPERATION ORMED CHARLES OF THE	insymptione pergette de 2012. Autopsy? (Yes & No) 2018. IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CO. TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH NOT RELATED T	ONTRIBUTING TED TO THE Chrane broad DITION FOR WHICH OPERATION ORMED GRACE 218. PLACE OF INJURY (e.g., in home, form, foctory, street, o	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERI IN CERTIFYING C	FINDINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CO. TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. COND WAS PERFE U 21A. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	ONTRIBUTING TED TO THE Chrane brace Ontion for which operation ORMED creeke 218. PLACE OF INJURY (e.g., i	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CO. TO THE DEATH BUT NOT RELATI DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. COND WAS PERFORM 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year)	ONTRIBUTING TED TO THE Chranic brace DITION FOR WHICH OPERATION ORMED CHROST 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, or etc.)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITION TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19.A. DATE OF OPERATION 19.B. CONDITION CAUSING IT. 19.A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	ONTRIBUTING TED TO THE Chranic broad DITION FOR WHICH OPERATION ORMED CALLED 218. PLACE OF INJURY (e.g., in home, form, foctory, street, o etc.) (Hour) 21E. INJURY OCCURRED While At Not While	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERI IN CERTIFYING CO. n. or obout 21C. WHERE DID (If in Boltime fine bldg., INJURY OCCUR?	E FINDINGS CONSIDÉRED AUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITION TO THE LATE OF DEATH BUT NOT RELATED IDSEASE OR CONDITION CAUSING IT. 19.A. DATE OF OPERATION 19.B. CONDITION CAUSING IT. 19.A. ACCIDENT WAS UNDERLYING CONDITIONS CONTRIBUTIONS CAUSE OF DEATH (notify medical examiner) 21.D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	ONTRIBUTING TED TO THE Chranic broad STED TO THE Chranic broad OTHER C	20A. AUTOPSY? (Yes 6, No) 20B. IF YES, WERI IN CERTIFYING CO. nor obout 21C. WHERE DID (If in Boltime fice bidg., INJURY OCCUR?	E FINDINGS CONSIDÉRED AUSES OF DEATH? DIE City, give exoct location)
OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITION TO THE DEATH BUT NOT RELATION DISEASE OR CONDITION CAUSING IT. 19.A. DATE OF OPERATION 19.B. CONDITION CAUSING IT. 19.A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21.D. TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.) 22. I certify that (1) This hospital)	ONTRIBUTING TED TO THE Chranic broad STED TO THE Chranic broad OTHER C	20A. AUTOPSY? (Yes or No) 20B. IF YES. WERI IN CERTIFYING CO IN CERTIFYING CO IN CERTIFYING CO INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exact location)
OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITION TO THE LATE OF DEATH BUT NOT RELATED IDSEASE OR CONDITION CAUSING IT. 19.A. DATE OF OPERATION 19.B. CONDITION CAUSING IT. 19.A. ACCIDENT WAS UNDERLYING CONDITIONS CONTRIBUTIONS CAUSE OF DEATH (notify medical examiner) 21.D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	ONTRIBUTING TED TO THE Chranic broad STED TO THE Chranic broad OTHER C	20A. AUTOPSY? (Yes 6, No) 20B. IF YES, WERI IN CERTIFYING CO. nor obout 21C. WHERE DID (If in Boltime fice bidg., INJURY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exact location)
OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITION TO THE DEATH BUT NOT RELATION DISEASE OR CONDITION CAUSING IT. 19.A. DATE OF OPERATION 19.B. CONDITION CAUSING IT. 19.A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21.D. TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.) 22. I certify that (1) This hospital)	ONTRIBUTING FIED TO THE Chranic made STORMED CAREELE 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, or etc.) (Hour) 21E. INJURY OCCURRED While At Not While work attended the deceased from deceased from Street, or etc.)	Syndrone pagetal de 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERI IN CERTIFYING CO. n or oboul 21C. WHERE DID (If in Boltime fice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exact location)
OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING IT. DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. COND WAS PERFORM 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.) 22. I certify that (1) this hospital) that (1) (we) lost saw the deceased	ONTRIBUTING FIED TO THE Chranic made STORMED CAREELE 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, or etc.) (Hour) 21E. INJURY OCCURRED While At Not While work attended the deceased from deceased from Street, or etc.)	Syndrone pagetal de 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERI IN CERTIFYING CO. n or oboul 21C. WHERE DID (If in Boltime fice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exact location)
OTHER SIGNIFICANT CONDITIONS COTO TO THE DEATH BUT NOT RELATI DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. COND WAS PERF 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (1) this hospital) that (1) we) last saw the deceased and have ord from the causes state 23A. SIGNATURE	DNTRIBUTING TED TO THE Chrane broke DITION FOR WHICH OPERATION ORMED CARREL 21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, o etc.) (Hour) 21 E. INJURY OCCURRED While At Not While At Work attended the deceased from and dalive an ed above (4) (We) (did) (did nat) were	20A. AUTOPSY? (Yes of No) 20B. IF YES, WERI IN CERTIFYING CO. On or obout 21C. WHERE DID (If in Boltime fice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	e FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exact location) 7 — 19 — 29 pinian death accurred an the d
OTHER SIGNIFICANT CONDITIONS COTO TO THE DEATH BUT NOT RELATION DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION CAUSING IT. 19A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OF INJURY (APPROX.) 21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.) 22. I certify than (1) (This hospital) that (1) (We) last saw the deceased and have and from the causes state 23A. SIGNATURE	DNTRIBUTING TED TO THE Chrane broke DITION FOR WHICH OPERATION ORMED CARREL 21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, o etc.) (Hour) 21 E. INJURY OCCURRED While At Not While At Work attended the deceased from and dalive an ed above (4) (We) (did) (did nat) were	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERI IN CERTIFYING CO. NO n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? April 26, and that ir my (aur) a riew the bady after death. ending Med. Stoff Phys.	e FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact location) 7 - 19 - 66 7 - 19 - 66
OTHER SIGNIFICANT CONDITIONS CONTO TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. COND 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) 21D. TIME (Month) (Day) (Year) 22. I certify that (1) this hospital) that (1) we) last saw the deceased and have and from the causes stated 23A. SIGNATURE	DNTRIBUTING TED TO THE Chrane broke DITION FOR WHICH OPERATION ORMED CARREL 21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, o etc.) (Hour) 21 E. INJURY OCCURRED While At Not While At Work attended the deceased from and dalive an ed above (4) (We) (did) (did nat) were	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERI IN CERTIFYING CO. NO nor obout 21C, WHERE DID in Jury Occur? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 and that ir (m) (aur) a price of the death. 23D. ADDRESS BALTIMORE CITY HO	e FINDINGS CONSIDÉRED AUSES OF DEATH? ore City, give exoct locotion) 7 - 19 - 19 - 4 pinian death accurred an the di 238. DATE SIGNED 7 - 19 - 66 SPITAIS
OTHER SIGNIFICANT CONDITIONS CONTO TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION CAUSING IT. 21A. ACCIDENT WAS UNDERLYING 10B. CONDITION CAUSING IT. 21A. ACCIDENT WAS UNDERLYING 19B. CONDIT	DNTRIBUTING TED TO THE Chrane broke DITION FOR WHICH OPERATION DRAWED CARREL 21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, o etc.) (Hour) 21 E. INJURY OCCURRED While At Not While At Work attended the deceased from and dalive an ed above (4) (We) (did) (did nat) were	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERI IN CERTIFYING CO. NO nor obout 21C, WHERE DID in Jury Occur? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 and that ir (m) (aur) a price of the death. 23D. ADDRESS BALTIMORE CITY HO	e FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact location) 7 - 19 - 49 pinian death accurred an the d 23B. DATE SIGNED 7 - 19 - 66 SPITALS
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION CAUSING IT. 19A. ACCIDENT WAS UNDERLYING 19B. CONDITION CAUSING 19B. CONDITION C	DNTRIBUTING PED TO THE Chranic mode DITION FOR WHICH OPERATION DRAWED 21 R. PLACE OF INJURY (e.g., in home, form, foctory, street, o etc.) (Hour) 21 E. INJURY OCCURRED While At Not While Many Not Work O attended the deceased from deceased from the deceased fro	20A. AUTOPSY? (Yes of No) 20B. IF YES, WERI IN CERTIFYING CO. NO nor obout 21C. WHERE DID (If in Boltime fine bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 and that ir (m) (aur) application of the property of the bidge of the bidg	e findings considered auses of death? The City, give exact location The City of
OTHER SIGNIFICANT CONDITIONS CONDITION TO THE DEATH BUT NOT RELATION DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION CAUSING IT. 21A. ACCIDENT WAS UNDERLYING TO RECOVER CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) 22D. TIME (Month) (Doy) (Year) 21D. TIME (Month) (Doy) (Year) 22D. TIME (Month) (Doy) (Year)	DITION FOR WHICH OPERATION ATTEMPT OF CRITICAL PROPERTY OF CRITICAL PRO	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERI IN CERTIFYING CO. 10	pinian death accurred an the d 23B. DATE SIGNED 7 - 19 - 66 SPITALS JT IMORE, MD. #21224 City, town, or county) (Stote)
OTHER SIGNIFICANT CONDITIONS CONTO TO THE DEATH BUT NOT RELATED INSEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION CAUSING IT. 21A. ACCIDENT WAS UNDERLYING 19B. CONDITION CA	DITION FOR WHICH OPERATION ORMED CARREL 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, o etc.) (Hour) 21E. INJURY OCCURED While At Not While At Work attended the deceased fram ded above (1) (We) (did) (did nat) while At Work CARRELE OF INJURY (e.g., in home, form, foctory, street, or etc.)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERI IN CERTIFYING CO. IN CO. IN CERTIFYING CO. IN CO. IN CERTIFYING CO. IN CERTI	pinian death accurred an the d 238. DATE SIGNED 7-/9-66 DSPITALS TIMORE, MD. #21224 City, town, or county) (Stote)
OTHER SIGNIFICANT CONDITIONS CONDITION TO THE DEATH BUT NOT RELATION DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION CAUSING IT. 21A. ACCIDENT WAS UNDERLYING TO PRESENT CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING TO PRESENT CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING TO PRESENT CAUSING IT. 21A. ACCIDENT WAS UNDERLYING TO PRESENT CAUSE OF TO PRESENT CAUSING IT. 21A. ACCIDENT WAS UNDERLYING TO PRESENT CAUSE OF TO PRESENT CAUSE OF TO PRESENT CAUSE OF TO PRESENT CAUSING IT. 21A. ACCIDENT WAS UNDERLYING TO PRESENT CAUSE OF TO PRESENT C	DITION FOR WHICH OPERATION ATTEMPT OF CRITICAL PROPERTY OF CRITICAL PRO	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERI IN CERTIFYING CO. 10	pinian death accurred an the d 238. DATE SIGNED 7-/9-66 DSPITALS TIMORE, MD. #21224 City, town, or county) (Stote)

15-1911

	66 07412		BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	57475		CERTIFICA	TE OF DEATH	Registered No.	66 07412
M.E. CASE NO. 1. NAME OF DEC (Type or Print)	Edwar Edwar	0 E00	4		NO HOUR OF DEATH	,
		44	3		//	18/66 A
FULL NAME C		or institution,	give street	A. STATE 8. COUN		Cecil Co;
HOSPITAL OR	address or lacation	on)			tside city limits, write	RURAL ond give township)
33101	INS HOPKINS	HOSPI	TAL	D. STREET ADDRESS (If	rural, give locotion) O. BOX 33	5
. SEX	6. RACE		NEVER MARRIED D. DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
MALE	NEGRO		RIED	8-22-34	31	
	UPATION (Give kind of wor working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY		ign country)	12. CITIZEN OF WHAT COUNTRY?
Forem		Pile D	riving Co;	Virginia		U.S.A.
3. FATHER'S NA				14. MOTHER'S MAIDEN NA	WE	
ALEXAN	IDER XXXXXX	Epps		GLADYS WI	LLIAMS	
	Ever in U. S. Armed Fa		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No.	,		215-32-1495	Catherine Epps	3,	Cecilton, Md. 21913
18. 20	7.3 V I		CAUSE O	F DEATH		INTERVAL BETWEEN
DISEA	SE OF CONDITION DI			1	Λ.	ONSET AND DEATH
	LEADING TO DEATH		(A)	chance renal	ditesse	
	not mean the mode of asthenia, etc. It means		DUE TO			
injury or con	nplication which coused	d deoth.)		(Jano, west)		
	ANTECEDENT CAUSES	5	DUE TO	<u> </u>		
	OR CONDITIONS, if			Huga Leustus)	
	e obove cause (A) G CONDITION last.	stating the	(C)	(1) person (w		
	11					
OTHER SIGN	IFICANT CONDITIONS					
DISEASE OR	CONDITION CAUSING		E			
OTHER SIGN TO THE D DISEASE OR 19 A. DATE OF 21 A. ACCIDE		NOTION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medical examiner)	218 horn etc.	ne, form, factory, street, at	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Battima	are City, give exact lacation)
21D. TIME	(Manth) (Day) (Year)	(Hour) 21 E	INJURY OCCURRED	21F. HOW DID INJ	IURY OCCUR?	
(APPROX.)		Wh	ile At Not While	e 🔲		
22. L certify	that (1) (this haspita	1) attended t		7/16/66	19 ta 7	1/18/66 19
) lost saw the deceos		/ /			7
						pinian deoth occurred on the dot
		oted abave. (l) (We) (did) (did not) v	riew the bady ofter deoth.		DATE SIGNED
234 SIGNATU	-11K		M.D. Atte	ending Med.	Stoff	23B. DATE SIGNED
	nach Deigh		Phy	s. Director	Phys.	1118166
NAME (ISMAIL-	, Ei Gi	M.D.	23D. ADDRESS Solms	Hopkins K	tosp. BAL. N.d.
24A- BURIAL CRE	MATION, 24B. DATE	24C. N.	AME of CEMETERY OF CRI	EMATORY 24D. L	OCATION	City, Wwn, or county) (State)
Burial	7/23/60	6 Cec	ilton Cemete	ry Ced	cilton,	Cecil Co; Md.
SA. DATE REC'D	BILLETT PE968	258. NAME	DEREGISTRAR	25C. PUNERAL DIRECTO	Vas M	his M. ADDIESS
		410000	E. Washey M.A	barara	fellows 1	rulengion mr.
VS 150-REV. 1/1/	65			1		



V. Ling Hopking May tel 0 6x 31 2/22/31 75 White Maria Wardwinill Parint Blood low Thorn Fourt for repair of Assilve orange come of a cota. my power of married 23/20 1455 119m 7/18 . ca 10/2m Francis P. Wirsch, Ja. France F. Wirth, Ir. Low Hopkins Hospital

MALE WHITE WIDOWED 3/14/86 80

CHRONIC UBS. PULM. EMPHRIEMA

21/6

Oscar Forwardoni Oscar Ferenandini

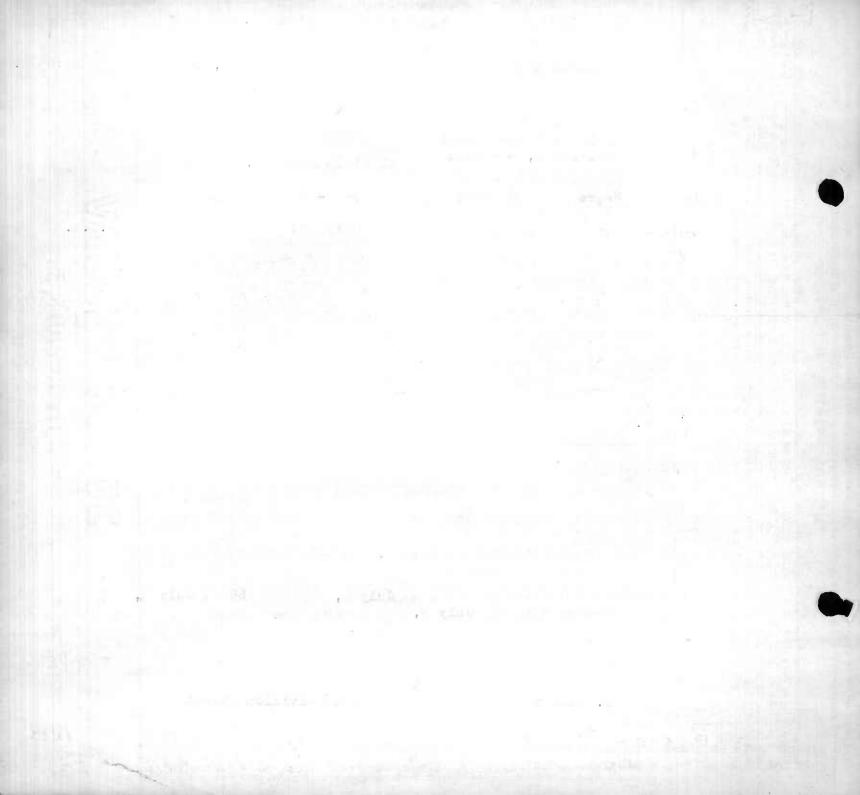
Lutheron Hospital.

#-252	BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.
	M. E. CASE NO. 1. NAME OF DECEASED (Type or Print) CALVIN W HAWKINS July 18, 1966 7:10 A. M. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE Maryland Maryland
	FULL NAME OF ADDRESS OR LOCATION) 17716/F///111441/84. 1720 Linden Avenue FULL NAME OF ADDRESS OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (If outside corporate limits, write RURAL and give to makip) Baltimore
	S. SEX S. SEX S. RACE T. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeors lost birthday) Months Doys Hours Min.
	13. FATHER'S NAME ALVIN HAWKINS 14. MOTHER'S MAIDEN NAME I OVIA MILLER 1716E. OLIVER 15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no or ugRnown) (If yes, give wor or doles of service) 17. INFORMANT ADDRESS
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foliure, osthenio, estenio, estenio, estenio, estenio, estenio, estenio, which coused death, injury or complication which coused death,
	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ZO II
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 10 CERTIFYING CAUSES OF DEATH?
	21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UNDERLYING OR CONTRI
	I certify that I held an Inquiry Inspection Autapsy ond that an this basis, death In my apinian resulted fram: Natural causes Accident Suicide Homicide Undetermined manner X CHIEF MEDICAL EXAMINER DATE SIGNED SIGNATURE MAD. ASSISTANT MEDICAL EXAMINER July 18, 1966 EXAMINER'S Russell S. Fisher, M.D. ASSOCIATE MEDICAL EXAMINER July 18, 1966
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, down or county) (Stote) BURIAL (Specify) 7/23/66 MT. Calray 24C. FUNERAL DIRECTOR ADDRESS JUL 21 1906 LOCATION (City, down or county) (Stote) 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS DUL 21 1906 LOCATION (City, down or county) (Stote)

Jest State of the State of the

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



BIRTH NO. 65 U741.7	7	Y HEALTH DEPARTMENT	66 U7417
M.E. CASE NO. 1, NAME OF DECEASED	CERTIFICA	ATE OF DEATH Registe	Y
(Type or Print) WILLIAMS	GOITH	7/17/66	11120 P
3. PLACE OF DEATH IN BALTIMORE, MÁRYL		4. USUAL RESIDENCE (Where deceased	lived. If institution; residence before admission
FULL NAME OF (If not in hospital or i HOSPITAL OR oddress or location)	nstitutian, give street	C. CITY OR TOWN (If outside city lim	ere RD its, write RURAL and give township)
BON SECOURS L	Lesim,	BALTOMORE	MARYLAND
4 DON SECOURS 19	03/ ////	D. STREET ADDRESS (If rurol, give los	53-00
Jeniane 6. RACE 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MACRIED	B. DATE OF BIRTH 9. AGE (In y lost birthdoy)	yeors If Under 1 YI. If Under 24 H Months Doys Hours Min.
tOA, USUAL OCCUPATION (Give kind of work 10) done during most of working life, even if refired)	B. KIND OF BUSINESS OR INDUSTR	11. MRTHPLACE (State or Toreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE 13. FATHERS NAME	-	MARYLAND 14. MOTHERY MAIDEN NAME	Hmerica
3. FAIHERS NAME		14. MOTHERY MAIDEN NAME	
ANDREW MICHA S. Wos Deceased Ever in U. S. Armed Forces		EVA M. BROWN.	ADDRESS
Yes, no or unknown) (If yes, give wor or dotes o	f service) SECURITY NO.	INFORMANT	ADDRESS
	?	WM H. WILLIAMS -33	
DISEASE OR CONDITION DIREC		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not meen the made of dy	ing, e.g., DUE TO	mic Ibs musice in Pryseus Di Lateral Pureus	Juluny
heart failuse, astherio, etc. It meons the	disease,	Emplyzens	
injury as camplication which caused de	olh.)	In tateral Somen	uria
DISEASES OR CONDITIONS, if ony	DUE TO	8000888008 8008800000	***************************************
tise to the above cause (A) st			
UNDERLYING CONDITION Iosi.			
OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	ITRIBUTING D TO THE		5- 5a
	ION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 B. IF YE IN CERTIF	S, WERE FINDINGS CONSIDERED YING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., home, lorm, factory, street, etc.)	in or obout 21C. WHERE DID (If in affice bldg., INJURY OCCUR?	n Boltimore City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUI	R?
(APPROX.)	While At Work At Work		
22. I certify that (1) (this hospitol) a	ttended the deceased from 5	une 26 1966 10	July 17 1966
that (1) (we) last saw the deceased of	olive on July 17	19 66 and that in (my)	(our) apinion deoth occurred an the d
ond hour and from the couses stoted			
23A. SIGNATURE	1-1- V.A		23B, DATE SIGNED
felm to	to 2 Kell M.D. Al	med. Stolf Phys.	7-17-66
23C. PHYSICIAN'S NAME (Type) AN TAULO	M. ESTRADA M.D	23D. ADDRESS BON SECOUN	PEKLOSPITAL
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF C		(City, town, or county) (State
REMOVAL (Specify)			
Burial 7/21/66	D Crest Lawn Mer	orial Garden Route	110, Md ADDRESS
04 4000	0 4 0 E 0 40	(1. + 18 X)	- 1-20,0 PA Ar

VS 150~REV. 1/1/65

AND WELL THE PROPERTY.

STATES TO THE STATE STATES AND STATES

The state of the s

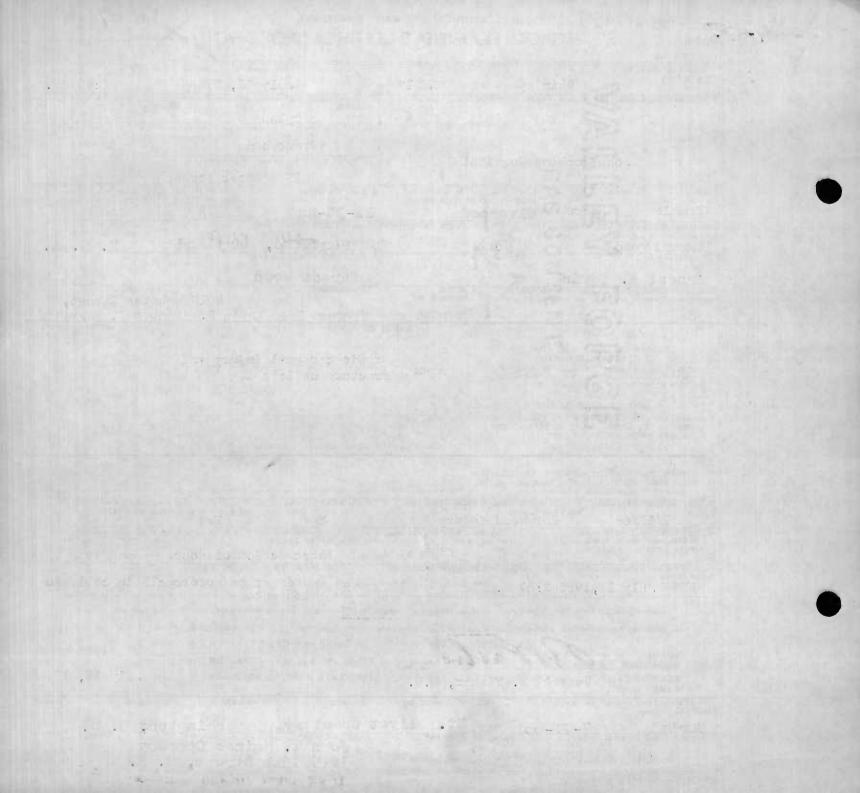
711A . T A F

BENEVAL THERE SHEET SHEET STREET

CHARLES E. GURTE TARRETTEDLE

L-200. BALTIMORE CITY HEALTH DEPARTMENT SE MEDICAL EXAMINER'S CERTIFICATE OF DEATH RESISTERED N

DIK	H NO.	MILD	CAL LA	MAIII AFIC 2 C	LKIIIICAI	LOID	LAIII	100 110.	
M.I	E CASE NO.					4 11 7		Y	
	NAME OF DEC	CEASED					HOUR PRONOUNC	ED DEAD	
		Shir		LEWIS			7, 1966	4:4	- 1410
3. F	LACE IN BALT	TIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESID	ENCE (Where d	eceosed lived. If ins	UNTY residence be	efore odmission)
FUI	LL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	TION. GIVE STREET	Ma	aryland	P 5	J. N.	-0
HO IN 5	SPITAL OR	ADDRESS OR LOCA	(TION)				corporate limits, write	/ /	
	-					rentwood		66-5	7.0
3	25	John Hopkin	s Hospi	tal	D. STREET ADDE	RESS (If rurol,	give location)		
1	-						ter Street		
5. 5	EX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	1	9. AGE (In years lost birthday)	If Under 1 Yr. 1f Months Days :	
	Female	Negro	Divor		11-30-4	11	22		
		UPATION (Give kind of work				State or foreign	country)	12. CITIZEN OF	IZDVA
	nempto	working life, even if retired)	Non	A	Brentz	M . boot	laryland	WHAT COUN	
13.	FATHER'S NAM	ΛE	14011		14. MOTHER'S M.	AIDEN NAME	J = 4114	0 0	7 6 22 6
	Whneat	H. Lewis			Teresa	MOON F			
15.	WAS DECEASE	D EVER IN U.S. ARMED		16. SO CIAL	17. INFORMANT	. 11000		ADDRESS	
(Yes	s, no or unknown	(If yes, give wor or date	s of service)	SECURITY NO.			4019 Wet	oster Stre	et,
	No	None		Unknown		Wood Le	wis N. Bren		
	1B. E 8	15. +1		CAUS	E OF DEATH				AL BETWEEN
	DISEA	SE OR CONDITION DI							
	(This does	LEADING TO DEATH		747777	ranio cere				
	heart failure	, asthenia, etc. It means mplication which caused	the diseose,	mukno f	racture of	left 1	eg		
		ANTECENDENT CAUSE		(B)					
	RISE TO TH	OR CONDITIONS, IF A	TATING THE	DUE TO					
-	UNDERLYII	NG CONDITION LAST.		(C)				The state of	
Ó				1 2/2					
AT	OTHER SIG	II NIFICANT CONDITIONS	CONTRIBUTION	IG					
문		DEATH BUT NOT REI		HE					
CERTIFICATION	19A. DATE OF			WHICH OPERATION	20A. AUTOPSY	? (Yes or No) 2	OB. IF YES, WERE FI	INDINGS CONSIDE	RED
O	3 7/1	7/66 WAS PER	r head :	iniury	Yes		N CERTIFYING CAU	SES OF DEATH?	
7	21 A. EXTERNA	L_CAUSE WAS		PLACE OF INJURY (e.g., form, foctory, street,				ive exact location)	11.0
EDICAL		□ OR CONTRIB-	home etc.)		_				0
ME	21 D TIME			Highway		ersectio	n of Route	4 and #40	8
	OF INJURY	(Month) (Doy) (Yeo					on motorcy	olo in col	licion
		11y 17,1966 2	:0/ Am. V	VORK AT V		ith auto		cre in cor	1151011
	22.	tify that I held on I	nguiry	Inspection Au			basis, death in i	my apinion	
		ted from: Natural ca		ccident X Suicio			ndetermined mann		
	1630	ried from: Natoral Ca	0363	//		EDICAL EXA		61	
	ACTUA	1 16	1700	el.				DAT	E SIGNED
	SIGNAT	URE VI	11 66	M.C	ASSISTANT MI			7 1 10	1000
	EXAMIN NAME (- Mussel	1 S. Fi	sher, M.D.	ASSOCIATE M	EDICAL EX	AMINER	July 18	, 1966
	MOVAL (Specif		23	C. NAME OF CEMETERY				, town, or county)	(Stote)
	Burial	7-22-	66	Mt. ()live			Washingto		
24/	A. DATE REC'D			OF REGISTRAR	John	AL DIRECTOR ROLL	nes Compa	ADDRESS	
	J	UL 21 1956 (I Deels	E. Janker MA	3015		treet, N		
VS	151-REV. 1/1/				0.0	A-1	ID D		



VS 150-REV. 1/1/65

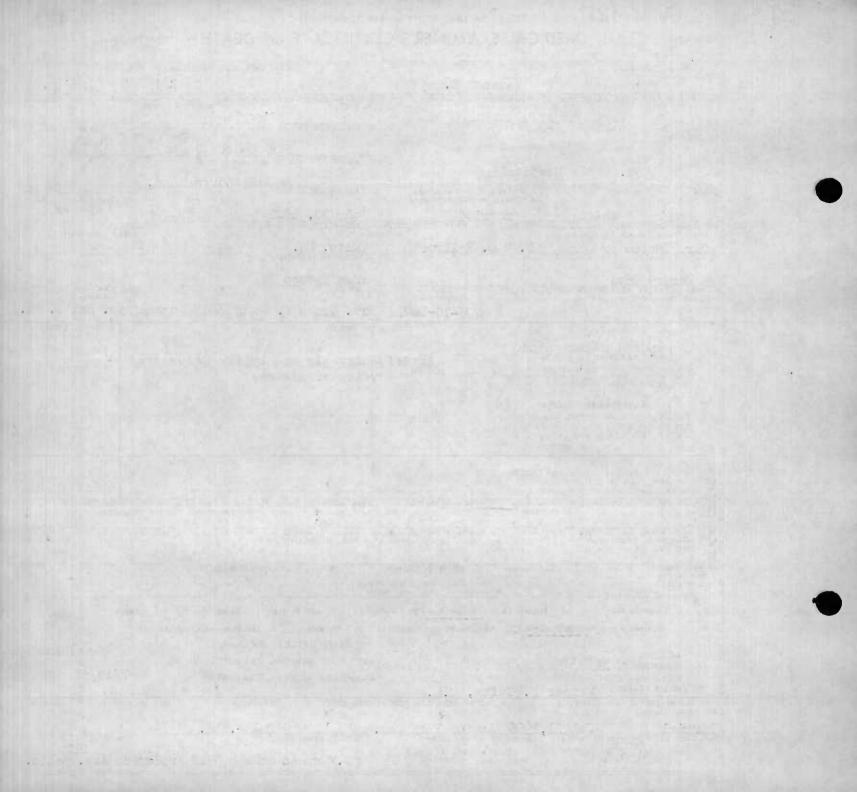
BALTIMORE CITY HEALTH DEPARTMENT

CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart follows, ostheria, etc. it means the disease, singly or complication which coused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, CIVING RISE TO THE ABOVE CAUSE (A) STAING THE UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)		66 0/421	В.	ALTIMORE CITY HEA	LTH DEPARTM	ENT		bt	17421
LAMAR OF DECEASED Vernon E. Boyd	BIR	TH NO. MEDIC	CAL EX	AMINER'S C	ERTIFICA	ATE OF [DEATH Registe	red No	
Type of Pintal Part	$\overline{}$			Nette de la companya					
THE THE PROPERTY OF THE PROPER	1. (Ty	NAME OF DECEASED pe ar Print)	Vernoi	n E. Bovd		2. DATE ANI			5:00 p
THE LAME OF THE MOST NA HOST THE MOST NA DESS OR LOCATION. St. Agnes Hospital St. Ag	3.	PLACE IN BALTIMORE, MARYLAND, WH			4. USUAL RES	SIDENCE (Where	deceased lived. If inst	itutian: reside	
St. Agnes Hospital 3013 Lorens Ave. Modern J. Agnes Hospital 3013 Lorens Ave. Modern J. Agnes Hospital St. Agnes Hospital 3013 Lorens Ave. In July 20, 1902 St. Agnes Hospital 3013 Lorens Ave. In July 20, 1902 St. Agnes Hospital 3013 Lorens Ave. Moneral July 20, 1902 St. Agnes Hospital 3013 Lorens Ave. Moneral July 20, 1902 St. Agnes Hospital B. & O. Agnes Hospital B. & O. Railroad Balto. Md. Lamorher's Hadden Name Balto. Md. Lamorher's Hadden Name Balto. Md. St. Hospital St. Agnes Hospital St. Agnes Hospi	HC	SPITAL OR ADDRESS OR LOCAT	OR INSTITU	TION, GIVE STREET			yland		give downship)
St. Agnes Hospital S. SEK 6. RACE DATE OF BRITH 3013 Lorena Ave.		1 -						2	Comments.
5. SEE S. RACE 7. MARNED, NEVER MARNED B. DATE OF BIRTH S. DATE STORING S. DATE S	3	St Agnes Hoss	nital		D. STREET AD	DRESS (If rural,	give location)		
MIDOWED, DIVORCEDISpacify) male white Who white Middle white White Middle white						301	3 Lorena Av	e.	
Balto. Md. Bal			WIDO WED, D	IVORCED (specify)			last birthdoy)	Months D	Yr. If Under 24 Hrs.
Balto. Md. Bal	104	male white	Marr.	ied	JULY 20	F (State or foreign	63	12. CITIZEN	LOF
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME	dar	ne during most of working life, even if retired)					a coomy		
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL PROFESS 16.	13.	FATHER'S NAME	De or or	TOTAL TOTAL					
NO State of Condition Directly Leading for Death Cause of Death Cau		Edward Boyd							
CAUSE OF DEATH INTERVAL SETWEEN ONSET AND DEATH					17. INFORM AN	T		ADDRESS	21227
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart locations) Heart follure, osherine, etc. It means the disease, limity or complication which caused death. ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OFERATION 19E. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED NO CRITIFION CAUSES OF DEATH? 10 J.A. EXTERNAL CAUSE WAS 121E, PLACE OF INJURY Is.g., in or obout 21C, WHERE DID (If in Bolfmore City, give exact location) home. etc.] 21 D. TIME (Manth) (Day) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY OCCUR? OF INJURY (APPROX.) 22. I certify that I held on Inquiry Inspection AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED NO CRITIFION CAUSES OF DEATH? ONSET AND DEATH OF THE ABOVE CAUSE OF DEATH? OF INJURY OCCUR? OF INJURY (APPROX.) ACTUAL (Manth) (Day) (Year) (Hour) Inspection AUTOPSY on that on this bosis, death in my opinion resulted from: Notwol causes Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER AT WORK ACTUAL (Manth) (Day) (Year) (Hour) Inspection Autopsy ond that on this bosis, death in my opinion AUTOPSY (APPROX.) 22. I certify that I held on Inquiry Inspection Autopsy ond that on this bosis, death in my opinion CHIEF MEDICAL EXAMINER AT WORK ACTUAL AUTOPSY (APPROX.) 22. SURIAL CREMATION, 228 DATE 23C.NAME of CEMETERY or CREMATORY 22D. LOCATION (City, town, or county) (Stote)				705-10-2407	Mrs. Gra	ace R. Bo	yd 3013 Lor	ena Ave	. Balto. Md.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying e.g., injury or complication which caused of dying e.g., injury or complication which caused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, CIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS CONTRIBUTING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED 21B. PLACE OF INJURY Isap. in or about 21C. WHERE DID (If in Bolkmore City, give exact location) home, form, fociony, sheet, office bidg, injury occur? (APPROX.) 22. I certify that I held on Inquiry Inspection Autopsy on that on this basis, death in my opinion resulted from: Notural causes Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER: ACTUAL SIGNATURE ACCIDENT ACCIDENT ASSOCIATE MEDICAL EXAMINER: ACTUAL SIGNATURE ACCIDENT ASSOCIATE MEDICAL EXAMINER: ASSOCIATE MEDICAL EXAMINER: ASSOCIATE MEDICAL EXAMINER: 7/19/66 ASSOCIATE MEDICAL EXAMINER: ASSOCIATE MEDICAL EXAMINER: 7/19/66 NAME (Type) Werner U. Spitz, M.D. ASSISTANT MEDICAL EXAMINER: 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote)				CAUS	E OF DEATH			11	NTERVAL BETWEEN
LEADING TO DEATH Continue of dying continue		4427						0	ONSET AND DEATH
The state of the		LEADING TO DEATH	ECTLY	Artori	ocoloroti	o and hy	nortoneivo	cardib.	
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERL'TING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 199. DATE OF OFERATION WAS PERFORMED 10 ASSOCIATE MEDICAL CAUSE WAS UNDERLYING OR CONTRIB- UNING CAUSE OF DEATH. 218. PLACE OF INJURY In., p., in ar about 21C. WHERE DID (If in Boltimore City, give exact locotion) home, form, foclory, sheet, office bidgs, INJURY OCCUR? 22. I certify that I held on Inquiry inspection Autopsy ond that on this basis, death in my opinion resulted from: Notural causes Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE		(This does not mean the mode of	dying, e.g.,	DUE TO				cardip	
DISEASES OR CONDITIONS, IF ANY, CIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) OTHER SIGNIFICANT CONDITION CONTRIBUTION DISEASE OR CONDITION CONSIDERED WAS PERFORMED (D) (A) (E) OTHER SIGNIFICANT CONDITION CONTRIBUTION DISEASE OR CONDITION CONSIDERED WAS PERFORMED (D) (C) (C) OTHER SIGNIFICANT CONDITION CONTRIBUTION (C) (C) (C) OTHER SIGNIFICANT CONDITION CONSIDERED WAS PERFORMED (D) (C) (C) (C) (C) (C) (C) (C		injury or complication which caused de	the disease, eath.)		vasculai	disease		3000	
DISEASES OR CONDITIONS, IF ANY, CIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) OTHER SIGNIFICANT CONDITION CONTRIBUTION DISEASE OR CONDITION CONSIDERED WAS PERFORMED (D) (A) (E) OTHER SIGNIFICANT CONDITION CONTRIBUTION DISEASE OR CONDITION CONSIDERED WAS PERFORMED (D) (C) (C) OTHER SIGNIFICANT CONDITION CONTRIBUTION (C) (C) (C) OTHER SIGNIFICANT CONDITION CONSIDERED WAS PERFORMED (D) (C) (C) (C) (C) (C) OTHER SIGNIFICANT CONDITION CONTRIBUTION (C) (First South Control of Control	h	ANTEGENIOUNT CAUCES							
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION 21A. EXTERNAL CAUSE WAS UNDERLYING CAUSE OF DEATH. 21B. PLACE OF INJURY 1e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact locotion) Nome, form, factory, sheet, office bidg., Injury OCCUR? OF INJURY (APPROX.) 22. I certify that I held on Inquiry Inspection Autopsy ond that on this basis, death in my opinion resulted from: Notural causes Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M.D. 23. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote)				(B)					
CC II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		RISE TO THE ABOVE CAUSE (A) STA		DOE 10					
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBU	z			(C)			***************************************		
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBU	2	П							
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBU	FICAT	OTHER SIGNIFICANT CONDITIONS CONTINUES OF CONDITIONS CONTINUES OF CONDITIONS CONTINUES	ATED TO TH						
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBU	RT	19A. DATE OF OPERATION 19B. COND		HICH OPERATION	20 A. AUTOI	SY? (Yes or No)	20B. IF YES. WERE FI	NDINGS COI	NSIDERED
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UNDERLYING CAUSE OF DEATH. 21B. PLACE OF INJURY Ie.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bidg., INJURY OCCUR? 21D TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that I held on Inquiry Inspection At Work AT Work 22. I certify that I held on Inquiry Inspection Autopsy ond that on this basis, death in my opinion resulted from: Notural couses Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 7/19/66 NAME (Type) Werner U. Spitz, M.D. 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, or county) (State)	CE	WAS PERFO							
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. home, form, foctory, sheet, office bldg, INJURY OCCUR? 21D TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) MOT WHILE AT NOT WHILE AT	¥	21 A. EXTERNAL CAUSE WAS	21 B. P	LACE OF INJURY I			If in Boltimore City, ai	ve exoct loca	otion)
21D TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that I held on Inquiry Inspection X Autopsy ond that on this basis, death in my opinion resulted from: Notural couses X Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE SIGNED ASSISTANT MEDICAL EXAMINER X ASSOCIATE MEDICAL EXAMINER X 7/19/66 NAME (Type) Werner U. Spitz, M.D. 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CREMETERY of CREMATORY 23D. LOCATION (City, lawn, or county) (State)	EDIC	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	home,	form, factory, street,	office bldg., INJ	JRY OCCUR?			
Capprox. White at Not white At work Not white Not work	Σ	21 D TIME (Manth) (Day) (Year)	(Haur) 21	E. INJURY OCCURRED	21 F.	HOW DID INJU	RY OCCUR?		
22. I certify that I held on Inquiry Inspection X Autopsy ond that on this basis, death in my opinion resulted from: Notural couses X Accident Suicide Homicide Undetermined monner ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 7/19/66 NAME (Type) Werner U. Spitz, M.D. 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, lawn, or county) (State)		OF INJURY (APPROX.)	w	HILE AT NOT	WHILE				
I certify that I held on Inquiry Inspection X Autopsy ond that on this basis, death in my opinion resulted from: Notural causes X Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE SIGNED ASSOCIATE MEDICAL EXAMINER X ASSOCIATE MEDICAL EXAMINER X 7/19/66 NAME (Type) Werner U. Spitz, M.D. 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CREMETERY of CREMATORY 23D. LOCATION (City, lawn, or county) (State)			m. W	ORK AT V	VORK				
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M.D. 23A. BURIAL CREMATION, 23B. DATE CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER 7/19/66 7/19/66 (City, town, or county) (Stote)			qulry 🗌	Inspection X Au	itopsy	and that on thi	s bosis, deoth in r	my opinion	
ACTUAL SIGNATURE ALL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 7/19/66 NAME (Type) Werner U. Spitz, M.D. 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, or county) (Stote)		resulted from: Notural cour	ses X A	ccident Suicle	de Hom	Icide 🗌 🛮 U	Indetermined monn	er 🗌	
ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 7/19/66 NAME (Type) Werner U. Spitz, M.D. 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY OF CREMATORY 23D. LOCATION (City, town, or county) (Stote)				7 -	CHIEF	MEDICAL EX	AMINER _		DATE SICHED
EXAMINER'S ASSOCIATE MEDICAL EXAMINER 7/19/66 NAME (Type) Werner U. Spitz, M.D. 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, or county) (Stote)			1	> (""	ASSISTANT	MEDICAL EX	AMINER X		DATE SIGNED
NAME (Type) Werner U. Spitz, M.D. 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote)				M.L				7/	19/66
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, or county) (Stote)		MAME /T \	U. Spit	z. M.D.					
REMOVAL (Specify)		A. BURIAL CREMATION, 23B. DATE			or CREMATORY	23 D. L	OCATION (City	, tawn, ar co	unty) (Stote)

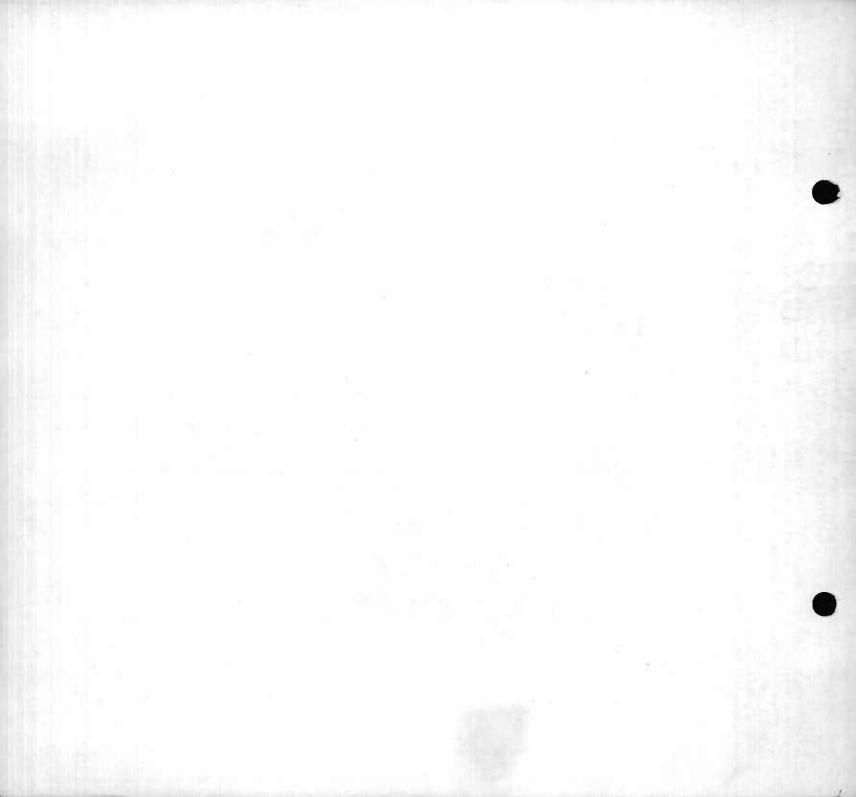
Balto. Md.

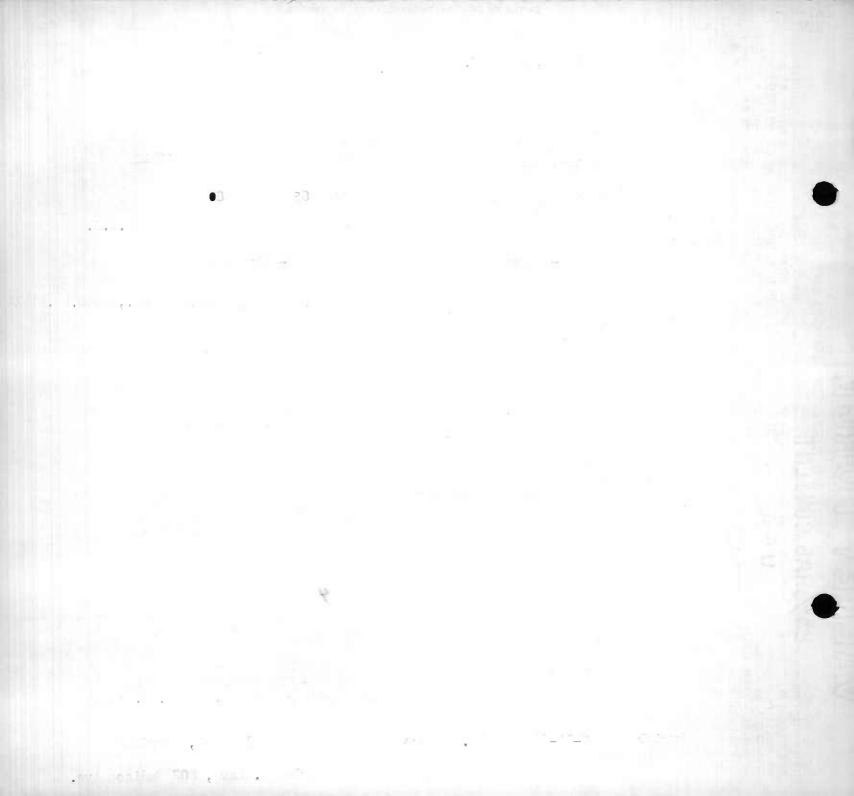
G. Truman Schwab 3512 Frederick Ave. Balto.

ADDRESS



	pe or Print)	oseph Ci	linkos	cale		y 6th 19	
		Hospital o	ARYLAND Ba	Itimore	4. USUAL RESIDENCE (Wh.	vere deceosed lived. If NTY It represents the series of t	institution: residence before
4	12					f rural, give location)	ING LAND
	Male	Negroe	WIDOWED	NEVER MARRIED D. DIVORCED (specify)	B. DATE OF BIRTH UNKNOWY 11. BIRTHPLACE (Stole or for	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Un Months; Days Hours
do	Ou Ku	vorking life, even if retired) OUU 4	IN TOB. KIND OF	BOSINESS OK INDOSEK	Un Know	' 4	12. CITIZEN OF WHAT COUNTRY?
			15:		Unkno		
(Ye	S, no or unknown	Ever in U. S. Armed Fo Ill yes, give wor or dot	erces? les of service)	Vuknown	17. INFORMANT		ADDRESS
		I CONDITION DI LEADING TO DEATH		CAUSE O	yelonephri	+:-	INTERVAL BET ONSET AND I
	DISEASES Orise to the	asthenia, etc. II means plication which caused ANTECEDENT CAUSES R CONDITIONS, if abaye cause (A)	d death.) S any, giving				V Unkno
TIFICATION	DISEASES O rise la lhe UNDERLYING	plication which caused ANTECEDENT CAUSES R CONDITIONS, if abave cause (A) CONDITION last. II FICANT CONDITIONS (EATH BUT NOT REL. CONDITION CAUSING	any, giving slaling the CONTRIBUTING ATED TO TH IT.	(B) O DUE TO (C) U	Postructive rethral st sclerotic Cara	ricture liovascular	
AL CERTIFIC	DISEASES OF THE DISEASE OF THE DISEA	Plication which caused ANTECEDENT CAUSES IR CONDITIONS, if abave cause (A) CONDITION last. II FICANT CONDITIONS (EATH BUT NOT REL. CONDITION CAUSING OPERATION 119B. CON	any, giving slaling the CONTRIBUTING ATED TO THIT.	(B) ODUE TO (C) Ur GE Arterios WHICH OPERATION PLACE OF INJURY (e.g., iree, form, foctory, street, of	obstructive rethral st sclerotic Caro	ricture liovascular	disease Un K
CERTIFIC	DISEASES OF THE DISEASE OF THE DISEA	Plication which caused ANTECEDENT CAUSES OR CONDITIONS, if abave cause (A) CONDITION last. II FICANT CONDITIONS (EATH BUT NOT REL. CONDITION CAUSING OPERATION 198. CON WAS PER IT WAS UNDERLYING	any, giving stating the CONTRIBUTING ATED TO THIT. NOTION FOR VIFORMED 218, hometrical (Hour) 218,	(B) DUE TO (C) (C) (C) (C) (D) GE Arterios WHICH OPERATION PLACE OF INJURY (e.g., ir e., form, foctory, street, of injury occurred INJURY OCCURRED Not While	rethral st scleratic Cara 20A. AUTOPSY? (Yes or N in or about 21C. WHERE DID fire bldg., INJURY OCCUR?	ricture liovascular	disease Un K FINDINGS CONSIDERED AUSES OF DEATH?
DICAL CERTIFIC	DISEASES OF STATE OF THE PROPERTY OF THE DISEASE OF STATE OF THE DISEASE	plication which caused ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSE ANTECEDENT CAUSE CONDITION last. II FICANT CONDITIONS (EATH BUT NOT REL. CONDITION CAUSING OPERATION 198. CON WAS PER IT WAS UNDERLYING TING CAUSE OF medical examiner) (Month) (Doy) (Year) that (I) (this hospital last saw the decease from the causes sto	any, giving stating the SCONTRIBUTING ATED TO THIT. NOTION FOR VIFORMED 218, hometc.) (Hour) 21E, White World and the state of the s	(B) ODUE TO (C) UT GE Arterios WHICH OPERATION PLACE OF INJURY (e.g., ir e., form, foctory, street, of the company of the	rethral st scleratic Cara 20A. AUTOPSY? (Yes or N in or about 21C. WHERE DID in NJURY OCCUR?	ricture liovascular liovascular liovascular lio Vascular lio I in Boltimo	disease Un K E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exoct locotion
DICAL CERTIFIC	DISEASES OF THE SIGNIFE TO THE SIGNIFE TO THE DISEASE OF THE DISEASE OF THE DEATH (notify 121D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	Plication which caused ANTECEDENT CAUSES (R CONDITIONS, if abave cause (A) CONDITION last. CONDITION CONDITIONS (CAUSE)	any, giving stating the CONTRIBUTING ATED TO TH INDITION FOR WRFORMED 218. hometc.) (Hour) 21E. Whi Wor was a contract the contract t	(B) DUE TO (C) (C) (C) (C) (C) (C) (C) (C	20A. AUTOPSY? (Yes or No nor obout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID IN 21F. HOW DID IN 22F. How ond to the whole body ofter deoth. 23D. ADDRESS	ricture liovascular liovascular liovascular lio Vascular lio I in Boltimo	disease Un K E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exoct locotion
MEDICAL CERTIFIC	DISEASES OF ISE IN THE PROPERTY OF THE DISEASE OR ISE IN THE DISEASE OR IS IN THE DISEASE O	Plication which caused ANTECEDENT CAUSES (R CONDITIONS, if abave cause (A) CONDITION last. CONDITION CONDITIONS (CAUSE)	any, giving stating the CONTRIBUTING ATED TO TH INDITION FOR WRFORMED 218. hometc.) (Hour) 21E. Whi Wor was a contract the contract t	(B) DUE TO (C) (C) (C) (C) (C) (C) (C) (C)	20A. AUTOPSY? (Yes or No nor obout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID IN 21F. HOW DID IN 22F. How ond to the whole body ofter deoth. 23D. ADDRESS	Uropath, ricture liovascular l	disease Un K FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exact location of the city of the control of the city of th



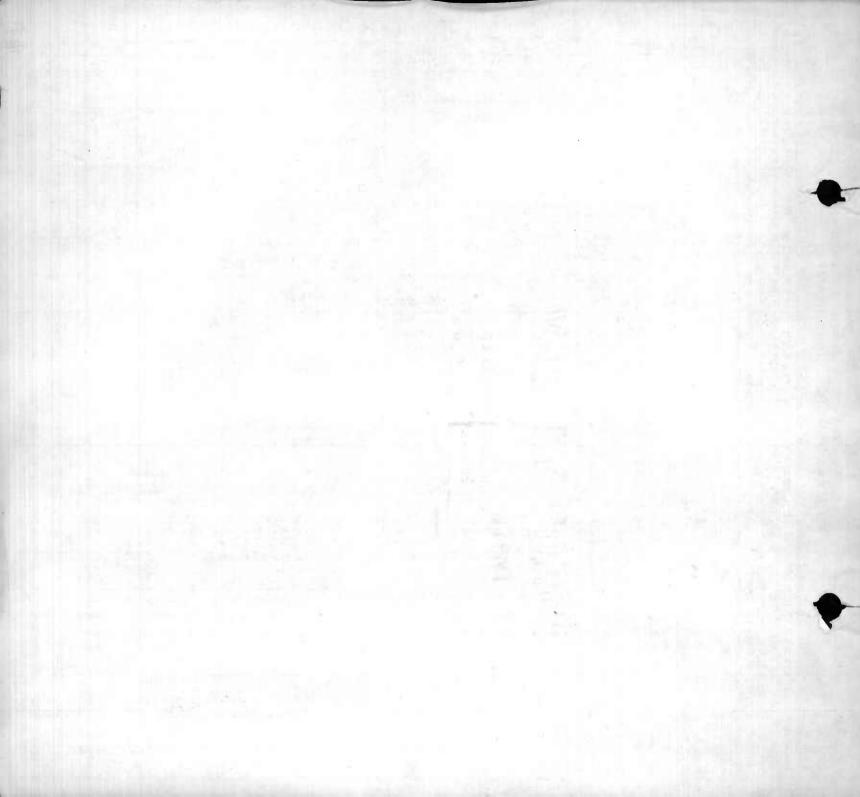


BIRTH NO.			MEDI	CAL EX	AMINER'	S CEF	RTIFI	CATE C	F D	EATH Registe	red No		
M.E. CASE													
1. NAME (Type or Pri	of DECEA	SED		Track I				2. DAT	EAND	HOUR PRONOUNC	ED DEAD		
			CHEST		CIRONKA				-19-				:05 P. M.
3. PLACE I	N BALTIM	ORE, MARYL	AND, WH	HERE PRONOU	INCED DEAD	4	. USUAL	RESIDENCE (V	Vhere d	eceased lived. If inst B. COL	itution: resi JNTY	dence b	efore admission
FULL NAM	FOF	(IF NOT IN	HOSPITA	L OR INSTITU	TON, GIVE STREE			yland					
FULL NAN HOSPITAL INSTITUTIO	OR N	ADDRESS	OR LOCA	TION)	,	· c	C. CITY C	OR TOWN (If	outside	corparate limits, write	RURAL	nd give	to waship)
							Ba1	timore		-	(0	Carl	10
har	3708 1	EDMONDS	SON AV	/ENUE		C	. STREET	ADDRESS (If	rural, g	give locotion)			- 0
170							370	8 Edmond	lson	Avenue			
5. SEX	6.	RACE			NEVER MARRIED		DATE O	F BIRTH		9. AGE (In years last birthday)	If Unde Manths	Days	f Under 24 Hrs. Hours , Min.
Male		White		Marrie	ed]	Feb.	22, 1924		42			
		TION (Give k		108 KIND OF	BUSINESS OR IN	DU STRY 11	. BIRTHP	LACE (Stote ar	fo rei gn	country)	12. CITIZ	EN OF	NTDY?
		rofess		Teac	hing	1	[.ithu	ania			US		· · · ·
13. FATHER			0 2	2000.				ER'S MAIDEN	NAME		1.0.		
Λ 41							Hele	n ,,	1				
15. WAS DI	CEASED	ironka EVER IN U.S	ARM ED	FORCES?	16. SO CIAL		INFORA	UII	knov	wn	ADDRES	S	
(Yes, no or u	nknown) (If	yes, give w	or or dotes	of service)	SECURITY NO.								
YES		Korear	1		367-32-08	359	Rosa	alie Cir	onk:	3708 Edn	nonds	on A	venue
18.	= 9-	74 X				CAUSE O	F DEAT	rH					AL BETWEEN
	DISEASE	OR CONDI	TION DIR	RECTLY									
/This		EADING TO			(A)	Asp	hyxi	a					
heor	foilure, os	meon me thenio, etc. cotion which	It meons	dying, e.g., the disease,	DUE TO								
injun	ai campii	collon which	coused d	leoin./		11-51							
	ANT	ECENDENT	CAUSES	S	/8)	Har	nging						
		CONDITIO			DUE TO)	*****			*************************			
UND		CONDITIO		A III C									
N					(C)			****		***************************************			
E OTH	ED CLCAUE	II CANT COM	DITIONS	CONTRIBUTION	10								
OT TO	THE DE	ATH BUT	NOT REL	CONTRIBUTION ATED TO THE	HE							354	
-		ONDITION						Indhawa /V	AL) In				
S IVA. D	ATE OF O		WAS PERF		WHICH OPERATION	N				OB. IF YES, WERE FILL N CERTIFYING CAUS			RED
	TEDNIAL C	AUSE WAS		losa	NACE OF INITION			artial	10 ((Yes			
UNDER	LYINGXO	R CONTRIB-		home,	farm, foctory, s	treet, affic	e bldg.,	INJURY OCCU	R?	in Boltimore City, gi	ve exact le	acation/	
E O LINE	CAUSE	OF DEATH.		etc.)	Home					mondson Ave			
21 D TI		Aonth) (Do	y) FOUN	TD (H2w)002	IE. INJURY OCCU	RRED		21 F. HOW DID	INJUR	YOCCUR? Was	depre	ssed	-
(APPRO		7 19	166	Dar W	VHILE AT	NOT WHAT WOR	ILE X	Hanged	sel:	f with belt	t at t	op o	f stairs
22.	I certify	that I hel	don In	nquiry 🗌	Inspection	Autop	sy X	ond that o	on this	bosis, deoth in n	ny opinio	n	ACCE
	resulted	from: sNo	tural cou	ses A	ccident S	Suicide [X F	lomicide 🗌	Ur	ndetermined mann	er		
		11/	11	0	- 0			EF MEDICA					
A	CTUAL	16	11/	7045	7 (/							DAT	E SIGNED
	GNATUR			ain	muy 1			NT MEDICA				7	20-66
	XAMINEF AME (Ty)	R'S RUI	DIGER	BREITEN	VECKER, M.	D. A	SSOCIA	TE MEDICA	LEXA	AMINER		/-	20-00
23A. BURIA	L CREMA		DATE		C. NAME OF GEME		CREMAT	ORY 2	3D. LO	CATION (City,	, tawn, ar	county)	(Stote)
Buria		7_	22-66		altimore l				cv	Baltimore			d
					OF REGISTRAR	. 10010						ADDRESS	
Z4A. DAIE	KEC D 81	HEALTH D	Er I.	240, NAME	OF REGISTRAK		2/1/1	FUNERAL DIRE	CIOR	600 T 12		POPKE?	,
	85 84	0 1 4	000	10 Pm	a Faller	LD E	Was	oth Orise	The A	600 Libert	y Hgł	nts.	Avenue
VS 151-RE	v. 1/1/85	- 6-1	200 (Lead -	- Marine		2. 4.71	,					

The state of the s

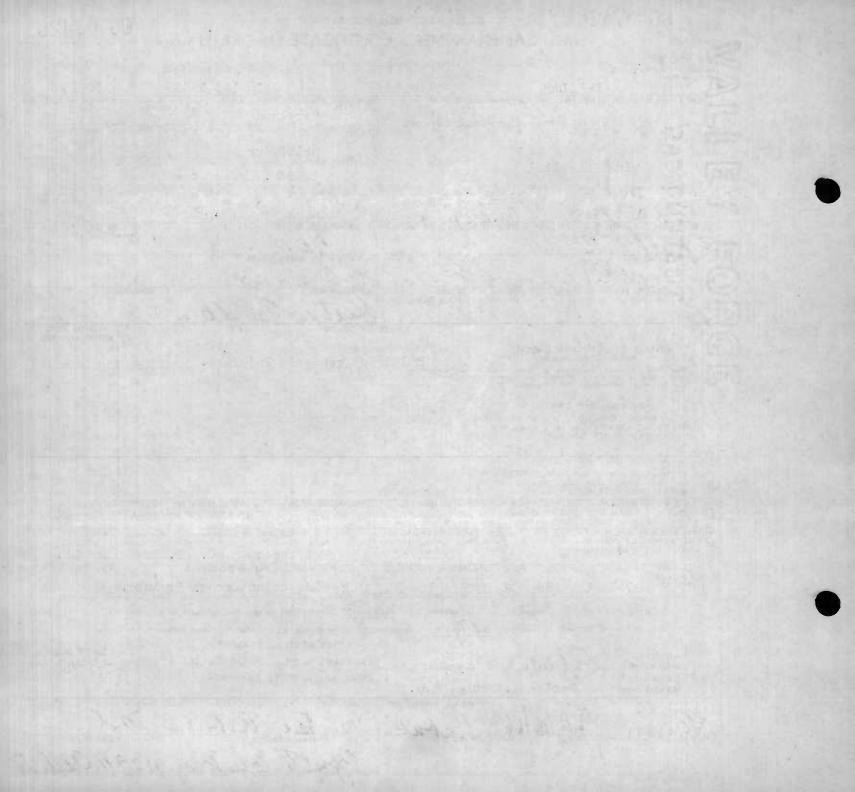
FILL NAME OF INSTITUTION MARK LAND GENERAL HOSPITAL D. STREET ADDRESS (If rurel, give location) MARK LAND GENERAL HOSPITAL D. STREET ADDRESS (If rurel, give location) MARK LAND GENERAL HOSPITAL D. STREET ADDRESS (If rurel, give location) MARK LAND GENERAL HOSPITAL D. STREET ADDRESS (If rurel, give location) MARK LAND GENERAL HOSPITAL D. STREET ADDRESS (If rurel, give location) MARK LAND GENERAL HOSPITAL MORAL OCCURATION (Give hind of work) lock, kind of FBUSINESS OR INDUSTRY II. BIRTHERACE (State or foreign country) MARK LEDD CHEM GO. 13. FATHERS NAME HARVEY LEADING TO DEATH (This does not sure of does of service) MOSE ASE OF CONDITION DIRECTLY LEADING TO DEATH (This does not sumplication which coused death.) MOSE ASE OF CONDITION S, if ony, giving a sumplication which coused death.) OTHER SIGNIFICANT CONDITIONS (I) only, giving a sumplication which coused death.) OTHER SIGNIFICANT CONDITION (S) sloting the UNDERLYING CONDITION (S) sloting the Underly MAS PERFORMED (S) sloting the UNDERLYING CONDITION (S) sloting the Underly Mas PERFORMED (S) sloting the Underly Mas PERFOR	FULL NAME OF INSTITUTION OR odder's or incession institution, give sheet POSPITAL OR Odder's or incession institution, give sheet POSPITAL OR ODDER'S INSTITUTION OR Odder's or incession institution, give sheet POSPITAL OR ODDER'S INSTITUTION OR ODDER'S	FOLL MAME OF MOSTING DIRECTLY LEADING TO BEATH OF BUSINESS OR CONDITION DIRECTLY LEADING TO DEATH OSEASE OR CONDITION DIRECTLY LEADING TO SEASE OR CONDITIONS, if only, givings and the object of the	FOLL MAME OF MOSTILLOS defens or location) MARYLAND SEMERAL MOSPITAL D. STREET ADDRESS (III rook), give location) MARYLAND SEMERAL MOSPITAL D. STREET ADDRESS (III rook), give location) MARYLAND SEMERAL MOSPITAL D. STREET ADDRESS (III rook), give location) MARYLAND SEMERAL MOSPITAL D. STREET ADDRESS (III rook), give location) MARYLAND SEMERAL MOSPITAL D. STREET ADDRESS (III rook), give location) MARYLAND SEMERAL MOSPITAL D. STREET ADDRESS (III rook), give location) MARYLAND SEMERAL MOSPITAL S. SEE D. AACE (III yours location) MARYLAND SEMERAL MOSPITAL D. STREET ADDRESS (III rook), give location) MARYLAND SEMERAL MOSPITAL S. SEE D. AACE (III yours location) MARYLAND SEMERAL MOSPITAL D. STREET ADDRESS (III rook), give location) MARYLAND D. AACE (III yours location) Month, Down House Mospital Month, Day House Month, Divided Mon		RNER LU	RAL J.	4. USUAL RESIDENCE (WI	ere doceosod livod. If ins	7,25 4;
D. STREET ADDRESS (II nurel, give location) AVENUE 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWOLD DIVORCED (specify) MARRIED, NEVER MARRIED WIDOWOLD DIVORCED (specify) MARRIED 9. AGE (in yours) Months; Doys Hours; Mid- Months;	D. STREET ADDRESS (If note, give location) AVENUE STREET ADDRESS (If note, give location) AVENUE STREET ADDRESS (If note, give location) AVENUE	D. STREET ADDRESS. (II rure), give location. AVENUE Control	D. STREET ADDRESS (II runds, give location) AVENUE 2 8 0 CLIPTON AVENUE 3 8 0 CLIPTON AVENUE 4 10 dots brinding life, early reliable life, with a location life, with life, with a location life, with l	HOSPITAL OR	(It not in hospital or institut address or location)	ion, give street	C. CITY OR TOWN (II o	ALTIMORE	URAL and give township)
MIDOWED, DIVORCED (specily) WART COUNTY AND AND COCUPATION (Give kind of work) (DB, KIND OF BUSINESS OR INDUSTRY 10. BIRTHPLACE (Side or foreign country) CHEM, OPERATOR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAI Deceased Ever in U. S. Armed Forces? 17. INFORMANT 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not men he mode of dying, e.g., heart failure, ashheria, etc. It means the disease). ANTECEDENT CAUSES DISEASES OR CONDITION S, if ony, giving men to the boove couse (A) sloting the UNDERTING CONDITION TO SUND FRENCE TO THE DEATH ON	WIDOWED, DIVORCED ISpocify) WARRIED 9-1-7 Iost birthdays Menths; Doys i Hours MARRIED 10A USUAL OCCUPATION (Give kind of work) (Inc. KIND OF BUSINESS OR INDUSTRY CHEM, OPERATOR 11. IED CHEM ON 12. CITIZEN OF WHAT COUNTRY WAT COUNTRY 13. WAS Decessed Ever in U. S. Armed Forces? If second or unknown) (If yes, give wor or doles of service) 15. Was Decessed Ever in U. S. Armed Forces? If second or unknown) (If yes, give wor or doles of service) 16. OCAUSE OF DEATH ONSET AND DEATH (This does not mean the mode of dying, e.go.) In the obove couse (A) sloting the UNDERLYING CONDITION (In on), giving the UNDERLYING (In on) or obsult/21C, WHERE DID (In in Bolismore City, give exect location) on CONTRIBUTION (In on), steed, office bidge, INJURY OCCUR? VAIL THE CHEM (In the object of the UNDERLYING (In on) or obsult/21C, WHERE DID (II in Bolismore City, give exect location) on CONTRIBUTION (In on), steed, office bidge, INJURY OCCUR? VAIL THE CHEM (In the object on) of the UNDERLYING (In on) or obsult/21C, WHERE DID (II in Bolismore City, give exect location) on CONTRIBUTION (In on), steed, office bidge, INJURY OCCUR? VAIL THE CHEM (In the object on) of the UNDERLYING (In on) or obsult/21C, WHERE DID (II in Bolismore City, give exect location) on CONTRIBUTION (In on), steed office bidge, INJURY OCCUR? VAIL THE CHEM (In the object on) of the UNDERLYING (In on) or obsult/21C, where the object on the only of the object on) of the object on the	WIDAUSAL OCCUPATION (Give hind of weak) 108, KIND OF BUSINESS OR INDUSTRY IT ATTERS NAME ALLED CICM 30 A. MOTHER'S NAME I. ARRIES NAME I. A. MOTHER'S NAME I.	MONORED ISPORCED ISPORCED ISPORCED IN OPEN TO THE INTERVAL SETWICE MARK COUNTY MARK ITED CHEM DO. ARRIED CH	MARKLAND 48	GENERAL	HOSPITAL	D. STREET ADDRESS	f rurol, give location)	
done during most of working life, even if relined) 3. FATHER'S NAME 15. WAS Deceased Even in U. S. Armed Fores? 15. Was Deceased Even in U. S. Armed Fores? 15. Was Deceased Even in U. S. Armed Fores? 15. Was Deceased Even in U. S. Armed Fores? 15. Was Deceased Even in U. S. Armed Fores? 15. Was Deceased Even in U. S. Armed Fores? 15. Was Deceased Even in U. S. Armed Fores? 15. Was Deceased Even in U. S. Armed Fores? 16. SOCIAL 17. INFORMANT ADRESS 17. INFORMANT ADRESS 18. 18. 19. 18. 19. 18. 19. 18. 19. 19	done during mist of working life, even if string! CHEM, OPERATOR ALLED CHEM GO. 13. MATCOUNTRY 14. MOTHERS MAINE 14. MOTHERS MAINE 15. WAS Deceased Ever in U. S. Armad Forces? 16. SOCIAL SECURITY NO. 20. INTERVAL BETWEEN ONSET AND DEATH (This does not mean the mode of dying, e.g., the photh follow, esthering, etc., the means the diseosed injury or complication which coused death.) DISEASE OR CONDITIONS, if ony, giving: is to the obove couse (A) stoling the UNDERLYING CONDITION CONTRIBUTIONS OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS OF CONDITION 198. CONDITION FOR CONTRIBUTIONS OF CONTRIBUTION 198. CONDITION FOR CONTRIBUTIONS OF CONTRIBUTION 198. CONDITION FOR CONTRIBUTIONS OF CONTRIBUTION 198. CONDITION FOR CONTRIBUTION 198. CONDITION FOR CONTRIBUTION 198. CONDITION 198. CONDITION FOR CONTRIBUTION 198. CONDITION	done during meat of vorting life, even if trained CHEM COUNTRY CHEM OPERATOR ALLED CHEM CO. CAUSE OF DEATH INTERNAL BETWEEN ONSET AND DEATH CHEM CHEM COLOR ALLED CHEM CO. CAUSE OF DEATH INTERNAL BETWEEN ONSET AND DEATH CHEM CHEM COLOR ALLED CHEM CO. CAUSE OF DEATH INTERNAL BETWEEN ONSET AND DEATH CHEM CHEM COLOR ALLED CHEM CO. CAUSE OF DEATH INTERNAL BETWEEN ONSET AND DEATH CHEM CHEM COLOR ALLED CHEM CO. CAUSE OF DEATH INTERNAL BETWEEN ONSET AND DEATH CHEM CHEM COLOR ALLED CHEM CO. CAUSE OF DEATH INTERNAL BETWEEN ONSET AND DEATH CHEM CHEM COLOR ALLED CHEM COLOR CHEM CHEM CHEM COLOR ALLED CHEM CHEM CHEM CHEM CHEM CHEM CHEM CHEM	done during meat of vorting life, even if traited) CHEM OPERATOR ALLIED CHEM 30. 13. FATHERS NAME HAR JEY TURNER 14. MOTHERS MAIDEN NAME HAR JEY TURNER 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. SECURITY NO. SECURITY NO. SECURITY NO. SECURITY NO. CAUSE OF DEATH (This does not mean the mode of dying, e.g.) heart foilure, osthenic, etc. It means the diseosatul injury or complication which coused dosh.) ON ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving the UNDERLYING CONDITION lost. 10. THE DEATH BUT NOT RELATED TO TEXT TO SO IN 10. 11. THE DEATH BUT NOT RELATED TO TEXT TO SO IN 10. 12. ALCIDENT MAS UNDERLYING ON SEPROPMED WAS PERFORMED OR CONTRIBUTING CAUSES OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSES OF DEATH OR CONTRIBUTING CAUSES OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAU	M	C WIDO	WED, DIVORCED (specify)	9-1-17	48	If Under 1 Yr. If Under 24 Months Doys Hours Mi
15. Wes Decessed Ever in U. S. Armed Forces? 15. Wes Decessed Ever in U. S. Armed Forces? 16. SOCIAL SCURITY NO. SECURITY NO. SECURIT	13. Was Decassed Ever in U. S. Armed Forces? 14. Was Decassed Ever in U. S. Armed Forces? 15. Was Decassed Ever in U. S. Armed Forces? 16. SOCIAL SCURITY NO. 27. INFORMANT ADDRESS 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH (This does not mean the mode of dying, e.g.) heart failure, asthenia, etc. It means the discosetul injury or complication which coused doesh.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving injury or complication which coused doesh.) OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS UNDERLYING CONDITION SO. 10 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS OTHER SIGNIFICANT CONDITIONS OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS OTHER SIGNIFICANT CONDITIONS OTHER SIG	15. West Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS 18. 19. 1	15. WED Decented Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT 1	done during most of working OF	life, even if retired)		1/	roign country)	WHAT COUNTRY?
15. Was Decessed Ever in U. S. Armed Forces? (Yes, no of unknown) lift yes, give wor of doles of service) 18.	18. OCAUSE OF DEATH ONSET AND DEATH (This does not mean the mode of dying, e.g., the proof of the subject of the proof of the subject of the proof	15. West Deceased Ever in U. S. Armed Forces? 16. SOCIAL SCUBITI NO. 17. INFORMANT 18. 18. 19.	15. West Deceased Ever in U. S. Armed Forces? 15. SOCIAL STAND of whiteway 15 yes, or an information of the property of		TURNE	R		· · · · ·	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.) heart failure, asthenia, etc., It means the diseased injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, givings the UNDERLYING CONDITION lost. NOTHER SIGNIFICANT CONDITION Solts OF INJURY (a.g., in or obout 20.4, Market DID (a.g., in or obout 21.4, ACCIDENT WAS UNDERLYING CONSIDERED (a.g., in or obout 21.4, ACCIDENT WAS UNDERLYING CONSIDERED (a.g., in or obout 21.4, Market DID (a.g., in or o	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH This does not mean the mode of dying, e.g., heart failure, astheria, etc., it means the diseased injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if only, giving this is to the above cause (A) stating like UNDERLYING CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF CONDITION CAUSING IT. 21A. ACCIDENT WAS UNDERLYING CONDITION FOR CONTRIBUTION, in or about 21C. WHERE DID OR CONTRIBUTING CAUSES OF CONDITION COURT. 21A. ACCIDENT WAS UNDERLYING CONDITION FOR CONTRIBUTION, in or about 21C. WHERE DID OR CONTRIBUTING CAUSES OF CONDITION COURT. 21A. ACCIDENT WAS UNDERLYING CONDITION FOR CONTRIBUTION, in or about 21C. WHERE DID OR CONTRIBUTING CAUSES OF CONDITION COURT. 21A. ACCIDENT WAS UNDERLYING CONDITION FOR CONTRIBUTION, in or about 21C. WHERE DID OR CONTRIBUTING CAUSES OF CONDITION COURT. 21A. ACCIDENT WAS UNDERLYING CONDITION FOR CONTRIBUTION, in or about 21C. WHERE DID OR CONTRIBUTING CAUSES OF CONDITION FOR COURT. 21A. ACCIDENT WAS UNDERLYING CONDITION FOR COURT. 21A. ACCIDENT WAS UNDERLYING CAUSE OF CONTRIBUTION, and or about 21C. WHERE DID OR CONTRIBUTING CAUSES OF CONDITION FOR COURT. 21A. ACCIDENT WAS UNDERLYING COURT. 21A. ACCIDENT WAS UNDERLYING CAUSE OF CONTRIBUTION, and or about 21C. WHERE DID OR CO	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., the phoof follower, osthenia, etc., it means the disease) heart follower, osthenia, etc., it means the disease, the phoof follower of the obove couse (A) sloting the output of complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving the UNDERTING CONDITION lost, it is not to the obove couse (A) sloting the UNDERTING CONDITION SCONTRIBUTION of the phoof couse (A) sloting the UNDERTING CONDITION FOR WAS UNDERTING CONDITION FOR WAS PERFORMED OR CONTRIBUTING CAUSE OF OPERATION 198. CONDITION FOR WAS PERFORMED ANTECEDENT WAS UNDERTING TO POPERATION 198. CONDITION FOR WAS PERFORMED OR CONTRIBUTING CAUSE OF OPERATION 198. CONDITION FOR WAS PERFORMED DISEASE OR CONDITION CAUSE OF DEATH? OR CONTRIBUTING CAUSE OF OPERATION 198. CONDITION FOR WAS PERFORMED DISEASE OR CONDITION CAUSE OF DEATH? OR CONTRIBUTING CAUSE OF OPERATION 198. CONDITION FOR WAS PERFORMED DISEASE OR CONDITION CAUSE OF OPERATION 198. CONDITION FOR WAS PERFORMED DISEASE OR CONDITION CAUSE OF OPERATION 198. CONDITION FOR WAS PERFORMED DISEASE OR CONDITION CAUSE OF OPERATION 198. CONDITION FOR WAS PERFORMED DISEASE OR CONDITION CAUSE OF OPERATION 198. CONDITION FOR WAS PERFORMED DISEASE OR CONDITION CONTRIBUTION 198. CONDITION FOR WAS PERFORMED DISEASE OR CONDITION CAUSE OF OPERATION 198. CONDITION FOR WAS PERFORMED DISEASE OR CONDITION CAUSE OF OPERATION 198. CONDITION FOR WAS PERFORMED DISEASE OR CONDITION CAUSE OF OPERATION 198. CONDITION FOR WAS PERFORMED DISEASE OR CONDITION CAUSE OF OPERATION 198. CONDITION FOR WAS PERFORMED DISEASE OR CONDITION FOR WAS	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., the heart failure, asthenia, etc. in means the diseosed injury or complication which caused desh.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if only, giving ting to the above cause (A) slabing the UNDERLYING CONDITION SCONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING! UNDERLYING CONDITION CAUSING! OTHER SIGNIFICANT CONDITION PORTMICH ERATION WAS PERFORMED WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING WAS PERFORMED WAS PERFORMED WAS PERFORMED 21D. TIME (Month) (Day) (Your) (Hour) Steel in Jury (a.g., in or about 21C, WHERE DID in CERTIFYING CAUSES OF DEATH? OF BATH Indiffy medical assumination of the mode of the decreased from the course stated above. (I) (We) (did) (did not) view the body after death. 23A. SJONATURE 23C. PHYSICIAMS NAME (Typo) M.D. MER YLAND CENERAL HOSPITA 23C. PHYSICIAMS NAME (Typo) M.D. MER YLAND CENERAL HOSPITA 23C. PHYSICIAMS NAME (Typo) M.D. MER YLAND CENERAL HOSPITA 23C. PHYSICIAMS NAME (Typo)	15. Was Deceased Ever in (Yes, no or unknown) (If ye	n U. S. Armed Forces? s, give wor or doles of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
OF INJURY (APPROX.) While Ai Not While At Work 22. I certify that (I) (this hospital) attended the deceased from 196 to 196	OF INJURY (APPROX.) While Ai Not While At Work 22. I certify that (I) (this hospita)) attended the deceased fram that (I) (we) last saw the deceased alive an 19 19 19 19 19 19 19 19 19 19 19 19 19	OF INJURY (APPROX.) While Ai Not-While At Work 22. I certify that (I) (this haspital) attended the deceased from 19 and that in (my) (aur) apinion death accurred on the and hour and from the causes stated above. (I) (We) (did (did not) view the bady after death. 23A. SIGNATURE M.D. Attending Phys. 23C. PHYSICIAN'S [23D. ADDRESS	OF INJURY (APPROX.) While Ai Not While At Work 22. I certify that (I) (this hospital) attended the deceased from 19 and that in (my) (our) apinion death accurred on the and hour and from the causes stated above. (I) (We) (did) (did nat) view the bady after death. 23A. SJONATURE 23B. DATE SIGNED 7-9.0-() 23C. PHYSICIAN'S NAME (Typo) M.D. MARYLAND CENERAL HOSPITA	OTHER SIGNIFICAN TO THE DEATH DISEASE OR CONDITION OF CONTRIBUTING OF CONTRIBUTING DEATH (notify modice)	ENING TO DEATH can the mode of dying, nia, etc. It means the dise ion which coused deoth.) CEDENT CAUSES ONDITIONS, if ony, gi ove couse (A) sloting NDITION lost. IT CONDITIONS CONTRIBUTION OF CAUSING IT. ATION 198. CONDITION F WAS PERFORMED AS UNDERLYING CAUSE OF IT CAUSE OF	e.g. DUE TO DUE TO VINGE TO LINE TO LI	20A. AUTOPSY? (Yos or PyES n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	No) 20B. IF YES, WERE FI IN CERTIFYING CAU (It in Boltimore	NDINGS CONSIDERED SES OF DEATH?
	and haur and from the causes stated above. (1) (We) (did) (did nat) view the bady after death.	and hour and from the causes stated above. (I) (We) (did (did not) view the body after death. 23A. SIGNATURE M.D. Attending Med. Staff Phys. Director Staff 7-20-66	and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE 1	OF INJURY (APPROX.) 22. I certify that ((I) (this hospital) attend	While At At Work ed the deceased from	July 11		0, 20, 196

BALTIMORE CITY HEALTH DEPARTMENT



66 07426 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered Na. BIRTH NO.

	CASE NO.								
	e ar Print)	EASED			70000000	2. DATE AND HOUR PRONOUNCED DEA			
, p		DOUG	LAS	VAUGHTERS	3	July 14, 1966	10:16 P M.		
3. P	LACE IN BALT	IMORE MARYLA	ND, WHERE PRONO	UNCED DEAD	4. USUAL RESID	DENCE (Where deceased lived, If institution: re	sidence before admission)		
EIII	I NAME OF	(IE NOT IN	HOSPITAL OR INSTIT	LITION CLVE STREET	Maryland				
HO!	L NAME OF	ADDRESS O	R LOCATION)	DITON, GIVE STREET	C. CITY OR TO	WN (If autside carparate limits, write RURAL	and give township)		
IN 2	TITUTION				R	altimore /	104		
	19	Odmad IIaa	1			ORESS (If rural, give location)			
1	to	Sinai Hos	spicar		18	809 E. Chase Street			
5. S	EX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRT	TH 9. AGE (In years If Unc	der 1 Yr. If Under 24 Hrs.		
-			WIDO WED,	DIVORCED (specify)	12		s Doys Hours Min.		
-	lale	Negro	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	244LLC	Telorusa	14/9// 35			
		JPATION (Give kin yfirking lile, even if		F BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign country) 12. CIT	IZEN OF IAT COUNTRY?		
C	minh	have you			11/1	21			
13, F	ATHER'S NAV	E	11	1-1-	14. MOTHER'S A	MAIDEN NAME			
1	PHON	fl.	Illa wat	dere	Colin	mmie.			
			ARMED FORCES?	16. SO CIAL	17. INFORMANT	ADDRI	55		
(Yes	, no ar unknown)	(If yes, give wor	ar dates of service)	SECURITY NO.	(Dont	11/11/18	195/1/		
1	10			AGUI ANY E	Verer	ce mugiture 100	1 C Mass St		
	18.	2.41		CAUSE	OF DEATH	0	INTERVAL BETWEEN ONSET AND DEATH		
	Printer Communication of the C	SE OR CONDITI	ON DIRECTLY						
	515271	LEADING TO		(A) Multir	le Traum	atic Injuries.			
	(This does r	ot mean the n	node of dying, e.g., t means the disease,	DUE TO					
	injury ar car	mplication which	coused death.)						
-	Δ	NTECENDENT	CAUSES						
			IS, IF ANY, GIVING	(B)		,			
	RISE TO TH	E ABOVE CAUS	E (A) STATING THE	201 10					
7	UNDERLIN	NG CONDITION	LASI.	(C)	5000VS=00+888===========				
ō		II.							
7	OTHER SIG		ITIONS CONTRIBUTI	NG					
유	TO THE	DEATH BUT N	OT RELATED TO						
CERTIFICATION		OPERATION IS	B. CONDITION FOR	WHICH OPERATION	T20A. AUTOPS	Y? (Yes or No.) 208, IF YES, WERE FINDINGS	CONSIDERED		
CE			AS PERFORMED		Ye	IN CERTIFYING CAUSES OF			
7	21 A EXTERNA	L CAUSE WAS	218	PLACE OF INJURY (e.g.	-	WHERE DID (If in Baltimare City, give exact			
EDICAL	UNDERLYING	OR CONTRIB-	ham	e, larm, lactary, street, a	office bldg., INJUI	RY OCCUR?	TOCONOT?		
B	UTING L CAU	SE OF DEATH.	etc.)	Street	Re	isterstown Rd., S. of K	eller Rd.		
Σ	21 D TIME	(Month) (Day	(Year) (Hour)	21E INJURY OCCURRED	21 F. H	IOW DID INJURY OCCUR?	7-2		
	(APPROX.)	7 14	'66 P	WHILE AT NOT	WHILE X Pe	destrian struck by auto	03-09		
1	22.		- m.į						
	I cer	tity that I held	an Inquiry L	Inspection Aut	tapsy X ar	nd that an this basis, death in my apin	an		
	resul	ted fram: Nati	ral causes	Accident X Suicid	le 💹 Hamic	ide Undetermined manner			
					CHIEF	MEDICAL EXAMINER	DATE CICNED		
	ACTUA		Trailer 1	cely M.D.	ASSISTANT A	MEDICAL EXAMINER 🔀	DATE SIGNED		
	SIGNAT		Course 1	M. D.		MEDICAL EXAMINER	7/15/66		
	EXAMIN NAME (narles S. P	etty, M.D.	ASSOCIATE	MEDICAL EXAMINER			
	. BURIAL CRE	MATION, 23B.		C. NAME of CEMETERY	CREMATORY	23D. LOCATION (City, tawn, o	r county) (State)		
	AOYAL (Specify		1 1/1	114	Sha	FABIT >	n 0		
	Die	al X	ly 18/66	Moule	1/4m	ack contille.	6		
244	DATE REC'D	BY HEALTH DE	748 NAME	OF REGISTRAR	24C. FUNE	RAL DIRECTOR	ADDRESS		
		1111	200	" C MAN	Las.	10, 4. U. Jacon 112	9 n. Carlis		
			- Wan		1 y la	w, chercon 112	1. Carden		



IMPORTANT

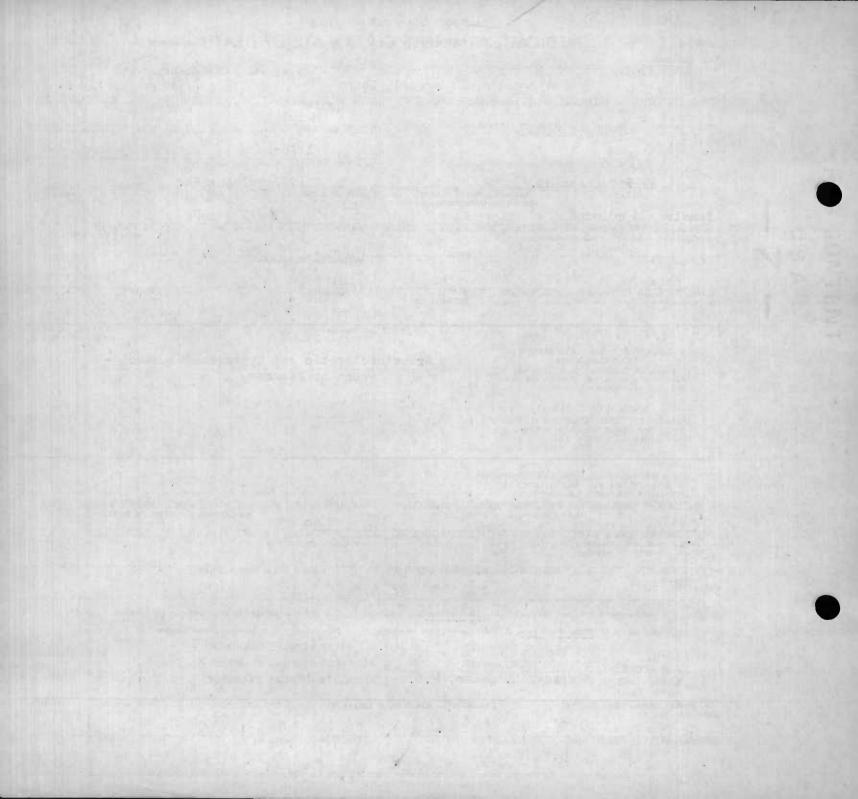
DIRECTOR:

FUNERAL

The state of the s

MEDICAL EVAMINED'S CEDTIEICATE OF DEATHS

1	66 07428 BALTIMORE CITY HEA	LTH DEPARTMENT 66 07428
9520	BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.
	M.E. CASE NO.	
	1. NAME OF DECEASED (Type or Print) Madeline (Maggie)	Young 2. Date and Hour Pronounced Dead 7/18/66 6:10 p.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE Marry and B. COUNTY
	FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (II outside corporate limits, write RERAL and give township) Baltimore
	1937	D. STREET ADDRESS IIf rural, give location)
	1917 Orleans St.	1937 Orleans St.
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDO WED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. If Under 24 Hrs. Manths, Days, Hours, Min.
	female colored Married	5-12-1917 49
	TOA, USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTRED done during most of working life, even if retired)	17)1. BIRTHPLACE (State of foleign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
	(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	Mr. allew young 1937 Ocleans St.
	18, CAUS	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Arteri	osclerotic and hypertensive cardio-
	(This does not mean the made of dying e.g., DUE TO heart foilure, osthenia, etc. It means the disease, injury at complication which caused death.)	vascular disease
	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING (B) DUE TO	
	RISE TO THE ABOVE CAUSE IAI STATING THE UNDERLYING CONDITION LAST.	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY le.g., home, form, foctory, street, etc.]	in or about 21C, WHERE DID III in Baltimare City, give exact location) office bldg., INJURY OCCUR?
	21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT	WHILE
	m. WORK AT V	vork utapsy and that an this basis, death in my apinion
	resulted fram: Natural causes Accident Suicident Suicident	de Hamicide Undetermined manner
	ACTUAL Melsnes h 2 - (HE	CHIEF MEDICAL EXAMINER DATE SIGNED
	SIGNATURE Werner U. Spitz, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER 7/19/66
CENTER DIVERS	23A, BURIAL CREMATION, 23B, DATE 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (State)
	Burial 7-23-66 M. aubur	n Cemetery Baltimore Meryland
	24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	Must a Gillettor ADDRESS 1701 Laurens S
HOLE IN	Ve 151 psy 1/1/45	mortane Adell 1. 1. 1. males 12 3



DALLIMOKE	CIT I TIL	ALIII DEI	WELL

5-300	66 07430 BALTIMORE CITY HEAL	TH DEPARTMENT ERTIFICATE OF DEATH Registered No	6 07430		
2-900	MEDICAL EXAMINER'S CE	EKTIFICATE OF DEATH Registered No.	E OF DEATH Registered No.		
	1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD			
	DAVID SCOTT, Jr.	7-19-66	4:00 P. M.		
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived. If institution: reside. STATE 8. COUNTY	dence before odmission)		
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland c. CITY OR TOWN (If outside corporote limits, write RURAL or Baltimore	nd give township)		
	UNION MEMORIAL HOSPITAL - DOA	D. STREET ADDRESS (If rural, give locotion) 645 Bartlett Avenue			
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) Male Colored	8. DATE OF BIRTH 9. AGE (In years If Under Manths 39	1 Yr. If Under 24 Hrs. Days Hours Min.		
	done during most of working life, even if relired)	Fitt Co. N. Canoline WHA	EN OF T COUNTRY?		
	DAVIS Scott Sr	Ning Hardy			
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown) (If yes, give war ar dates of service) A A S DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS			
	DISEASE OF CONDITION DIRECTLY	OF DEATH ertensive cardiovascular disease	INTERVAL BETWEEN ONSET AND DEATH		
	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CO				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	lepsy			
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CIN CERTIFYING CAUSES OF DE YES			
	UTING CAUSE OF DEATH. O UNDERLYING OR CONTRIB- Dame, form, foctory, street, or etc.)	in or about 21C. WHERE DID (If in Baltimare City, give exact to ffice bldg., INJURY OCCUR?	cation)		
	m. WORK LAT W	21F. HOW DID INJURY OCCUR? WHILE ORK			
	22. I certify that I held an Inquiry Inspection Autresulted fram: Natural causes X Accident Suicide	apsy X and that an this basis, death in my apinion Hamicide Undetermined manner CHIEF MEDICAL EXAMINER			
	EXAMINER'S RUDIGER BREITENECKER, M.D.	ASSISTANT MEDICAL EXAMINER XX ASSOCIATE MEDICAL EXAMINER	7-20-66		
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of REMOVAL (Specify) 7-23-66 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	Englac. FUNERAL DIRECTOR Ayden, N. C.	AroLine		
	VS 151-REV. 1/1/69 11 21 1983 12 0 1- 8 Fally 11	Worcott Foresal Home A.	no contine		

Brown Trade Ryder Car Ryder March The state of the s

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH, DEPARTMENT

8:10 PM

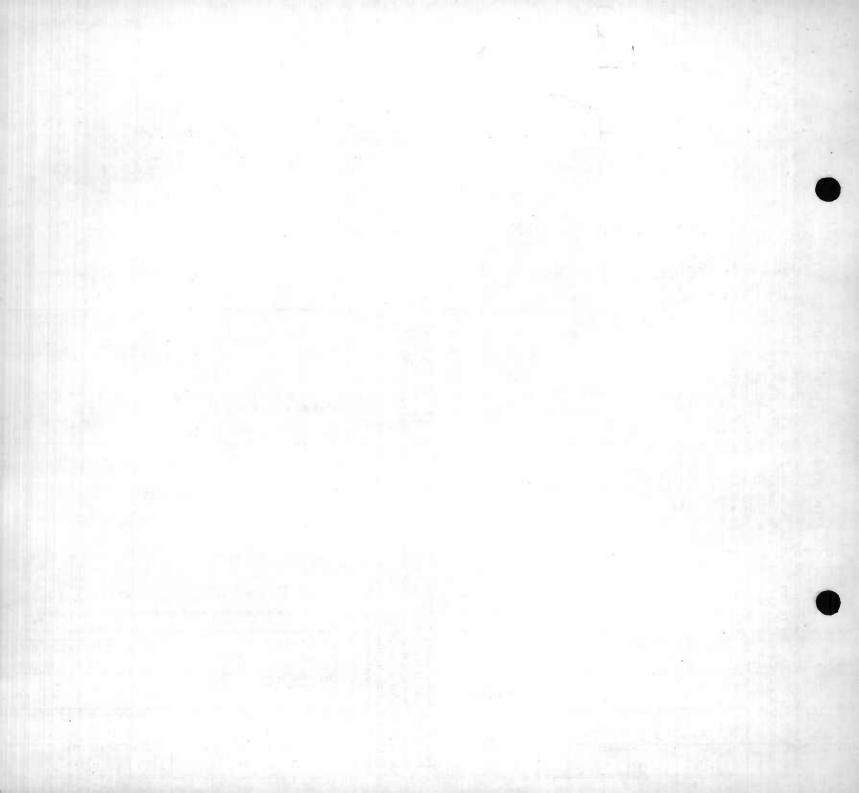
If Under 24 Hrs.

Hours

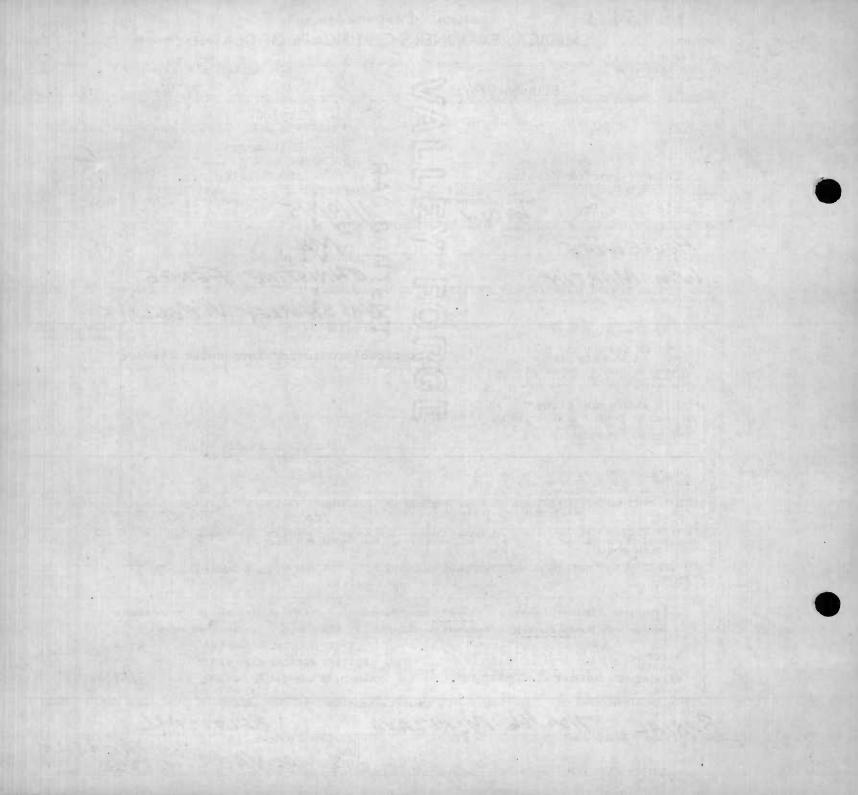
days



	00 117499	BALTIMORE CITY	HEALTH DEPARTMENT		66 07432
	th No. 66 U7432	CERTIFICA	TE OF DEATH	Registered No	00 07432
l, N	E CASE NO. NAME OF DECEASED		2. DATE	AND HOUR OF DEATH	
Тур	pe or Print) FRANK JO	ZWIAK	7-	-19- 196	6 Pt.M.
. Р	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (VA. STATE B. CO	Vhere deceosed lived. If ins	stitution; residence before odmission)
	FULL NAME OF (If not in hospital or institution, give	street	MARYLA	NID	
H	HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN	outside city limits, write R	URAL and give township)
9	Was a N is Thursday his	-	BALTIM	ORE	
4	401 N. KENWOOD AUL		LADA NI V	(If rurol, give locotion)	1112
. s	SEX 6. RACE 7. MARRIED, NE	VER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	M 1// WIDOWED, D	IVORCED (specify)	1-10-1887	lost birthdoyi	Months Doys Hours Min.
	NUSUAL OCCUPATION (Give kind of work 10 B. KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF
don	ne during most of working life, even if retired)	CRKTSEAL	POLAND		WHAT COUNTRY?
13.	FATHERS NAME	EKINT SEAL	14. MOTHER'S MAIDEN	NAME	3/1
	PAC: MID INTIVIA		THE PERSON	Noul	1 V
	Wos Deceased Ever in U. S. Armed Forces?	SOCIAL	17. INFORMANT	17000	ADDRESS
Yes	(s,no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	17	the standard	Vr buel. B.
1	118, // 200 / 1	CAUSE 0	MELLEN JOZ	WIAK 707-11	INTERVAL RETWEEN
	DISEASE OR CONDITION DIRECTLY			0 0.	ONSET AND DEATH
	LEADING TO DEATH	(A)	Myou	redeal a	forte / hour
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO		. 1	
	injury or complication which coused death.)		Arleur	ulnte	7 4800
	ANTECEDENT CAUSES	(B)	7	0 0	2 7 carr
	DISEASES OR CONDITIONS, if ony, giving	1	Cardin	poeula pr	rese 1
	rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)			ambhas V eness (° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °
	The state of the s		all 140 1730	- 0	
0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
CAT	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHI	CH OBERATION	20A AUTORSY2/Vas or	Not 208 IF YES WESE	INDINGS CONSIDERED
CERTIFICATION	WAS PERFORMED	OIL OF ERATION	AGIOFST; tres of	No! 208. IF YES, WERE F	JSES OF DEATH?
CE	21A. ACCIDENT WAS UNDERLYING 218. PLA	ACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimore	City, give exoct locotion)
CAL	OR CONTRIBUTING CAUSE OF home, I etc.)	iorm, toctory, street, of	uce plag., INJURT OCCUR		
-	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, IN.	JURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
×	OF INJURY (APPROX.) While / Work	At Not While			
	22. I certify that (I) (this haspital) attended the	- Q	104 (0)	1964 10 5	hele 19 1966.
	that (I) (we) last saw the deceased alive an	The Court of the C	1966	// //	
	and hour and from the causes stated above. (1)	10) (4:4) (4)			ion death occurred on the date
	23A. SIGNATURE	ye, (ala) (ala not) v	lew the body offer deal	·n•	23B. DATE SIGNED
	LEGNARD WALLENSTE	M.D. Atte	nding Med.	Stoff Phys.	7/10/10
	23GPHYSICIAN'S	Phy	Director	Phys.	1/10/06
6.	23G PHYSICIAN'S NAME (Type)	ester M.D.	848 W/ 3	36 they 1	300 x 1. 200
044	A BURHAL CREMATION, 248. DATE 24C. NAMI	E of CEMETERY of CRE	MATORY 1240	LOCATION (Cit	y, town, or county) (Stote)
241	A BURIAL CREMATION, 248. DATE 24C. NAMI	COL CEIVILIER OF CRE	240	LUCATION (CIT	y, lown, or county) (Stole)
250	A, DATE REC'D BY HEALTH DEPT. 125B, NAME OF R	ROSARY	25C. FUNERAL DIRECT	UNDALK	MARYLAND
234		their m		:	1121 / 1120 2210 10 2
	JUL 21 1966 (20 62	Janke HM	UDIFN MWE	BEKTSONS INC	4015, CHESTERS



1	86 U7433 BALTIMORE CITY HEALTH	00 1/433			
D-530	BIRTH NO. MEDICAL EXAMINER'S CER	TIFICATE OF DEATH Registered No.			
	1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD			
	Elizabeth M, Dandy	7/18/66 3:55 p. M.			
	3. PLACE IN BALIMORE, MARTLAND, WHERE PRONOUNCED DEAD	USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) B. COUNTY B. COUNTY			
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
		STREET ADDRESS (If rurol, give locotion)			
	Union Memorial Hospital	926 Belgian Ave. DATE OF BIRTH 19. AGE (In years 11 Under 1 Yr. 11 Under 24 Hrs.			
	female white WIDOWED, DIVORCED(specify)	1/19/95 lost birthdox Months Doys Hours Min.			
	10A. USUAL OCCUPATION (Give kind of work) 0B. KIND OF BUSINESS OR INDUSTRY 11. done during most of working life, even if retired)	Md, WHAT COUNTRY?			
	WM. MARTIN	CHRISTING FENCE			
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) (SECURITY NO.	IRS SHIRLEY V, COLLINS			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. II means the disease, injury or complication which caused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	F DEATH INTERVAL BETWEEN ONSET AND DEATH Clerotic cardiovascular disease			
	UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION [19B, CONDITION FOR WHICH OPERATION]	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED			
	WAS PERFORMED	no IN CERTIFYING CAUSES OF DEATH? or obout 21C. WHERE DID (If in Boltimore City, give exact location) e bldg., INJURY OCCUR?			
	21D TIME (Month) (Doy) (Yeer) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT WHI				
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of C	REMATORY 23D. LOCATION (City, town, or county) (Stote) BALTE, ML 24C. FUNERAL DIRECTOR 301 FREDERICK 4,5 MACNABB 21228			
	JUL 21 1966 (1) 2 2 . Tolly M. R. VS 151-REV. 171/65	E.S. MACNABB 21228			



	00 00404	BALTIMORE	CITY HEALTH DEPARTMENT	66 00101
BIRTH NO. M.E. CASE NO.	66 07434	CERTIFI	CATE OF DEATH	red No. 66 07434
1. NAME OF DEC		· Aliberty 140	2. DATE AND HOUR OF	
		y ANDAEW JAC		66 3:00 PM lived. If institution: residence before admission)
FULL NAME O	OF (If not in hospital of	or institution, give street	A. STATE B. COUNTY	lived. It institution: residence before odmission)
HOSPITAL OR	oddress or location	1)	BALTIMONE	its, write RURAL and give township)
UNION	MEMORIA	L HOSPITAL	D. STREET ADDRESS (If ruro), give los 3531 OND YORK R	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In y	eors If Under 1 Yr. , If Under 24 Hrs.
M ISUAL OCC	WHITE - AN	WIDOWED, DIVORCED (specification)	Z-11-9 lost birthdoy) Z-11-9 lost birthdoy) GT USTRY 11. BIRTHPLACE (State or foreign country)	Months Doys Hours Min.
done during most of Self Er	working life, even if retired) nployed	Paperhanger	BALTINONE, MD	WHAT COUNTRY?
13. FATHERS NA	ME HAUES JAC	KSON	ANNIE Mattine	
	Ever in U. S. Armed Fore		ANNIE Matting	ADDRESS
	(If yes, give wor or dote:	s of service) SECURITY NO.	546 Viola C. Jackson	Same
1B. //	2/1	CAU	SE OF DEATH	INTERVAL BETWEEN
DISEA	SE OR CONDITION DIR		THE PULMONAMY E	ONSET AND DEATH
	not mean the made of asthenia, etc. It means	dying, e.g., DUE To		
	and an indication which caused ANTECEDENT CAUSES	death.)	ATTENLIOSCHENOTIC CARD	010 -
		DUE TO	o the cioung bis ense	
rise lo lh	OR CONDITIONS, il (e above cause (A) G CONDITION last.			
E TO THE D	II IFICANT CONDITIONS C DEATH BUT NOT RELA CONDITION CAUSING I	TED TO THE MUSCUL	lary Bys Thopsy	
		DITION FOR WHICH OPERATION	20A. AUTOPSY? IYes or No. 20B. IF YE IN CERTIF	S, WERE FINDINGS CONSIDERED YING CAUSES OF DEATH?
U 21A. ACCIDE	NT WAS UNDERLYING UTING CAUSE OF	21B. PLACE OF INJURY home, form, foctory, streetc.)	(e.g., in or about 21C. WHERE DID IIf is set, office bldg., INJURY OCCUR?	Boltimore City, give exact location)
21 D. TIME OF INJURY	(Month) (Doy) (Year)			2
(APPROX.)			While Work	
22. L certify	that (1) (this haspital) ottended the deceased from	7-17-66 1966 10	7-18 1966
) lost sow the decease	C7 - C	A	(our) opinian deoth occurred on the date
ond hour on	d from the couses stat	ted above. (I) (We) (did) (did r	not) view the body ofter deoth.	
23A. SIGNATI		r-		23B DATE SIGNED
70	subberto p.	facility M.D.	Attending Med. Stoff Phys.	7-18-66
23C. PHYSICIA	ED ILBERTO G	OZO JR	M.D. UNION MEMORIALINOS	
24A. BURIAL CRE		24C. NAME of CEMETERY		(City, town, or county) State)
Buria	al 7-21-6	66 Holy Redee	mer Baltimor	e, Maryland
25A. DATE REC'D	BY HEALTH DEPT.	25B. NAME OF REGISTRAR	Mitchell-Wiedefe	
VS 150-REV. 1/1/	65 AT 1000 (- Rd. Baltimore, M	d. 21214

OPPRINAM HA STING IN - 11 - 2 DACTIONOLLE 3144A CHANGE JACKSEL or a series of KLUB PERMONANG CERTY Contraction remove Chaper MISSELLERY DOCESOFIED 154

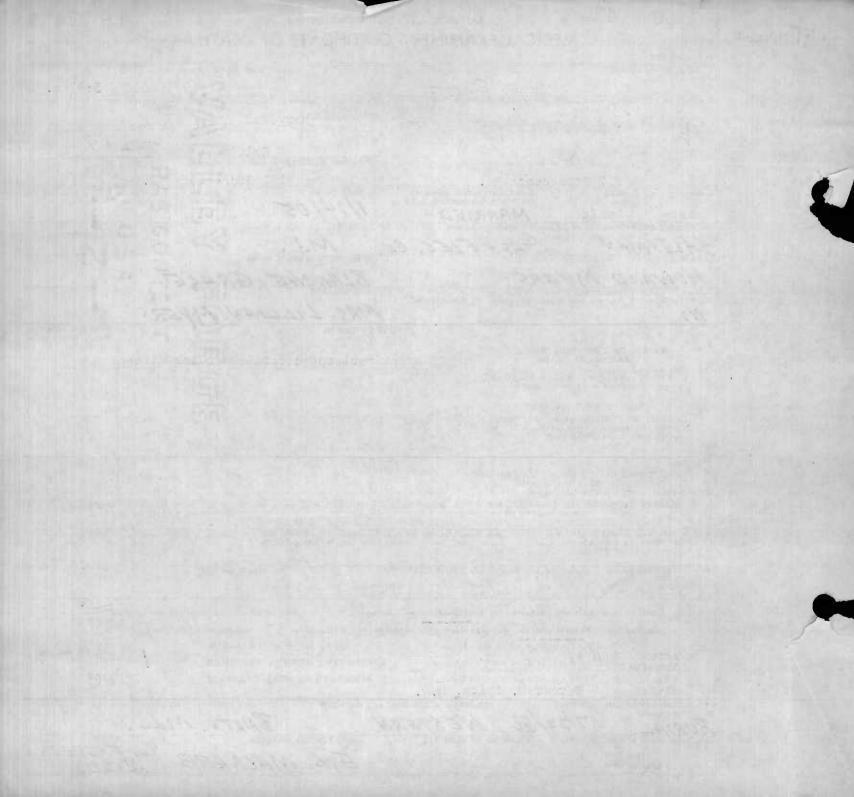
21-4 -0 # +1-4

81- E

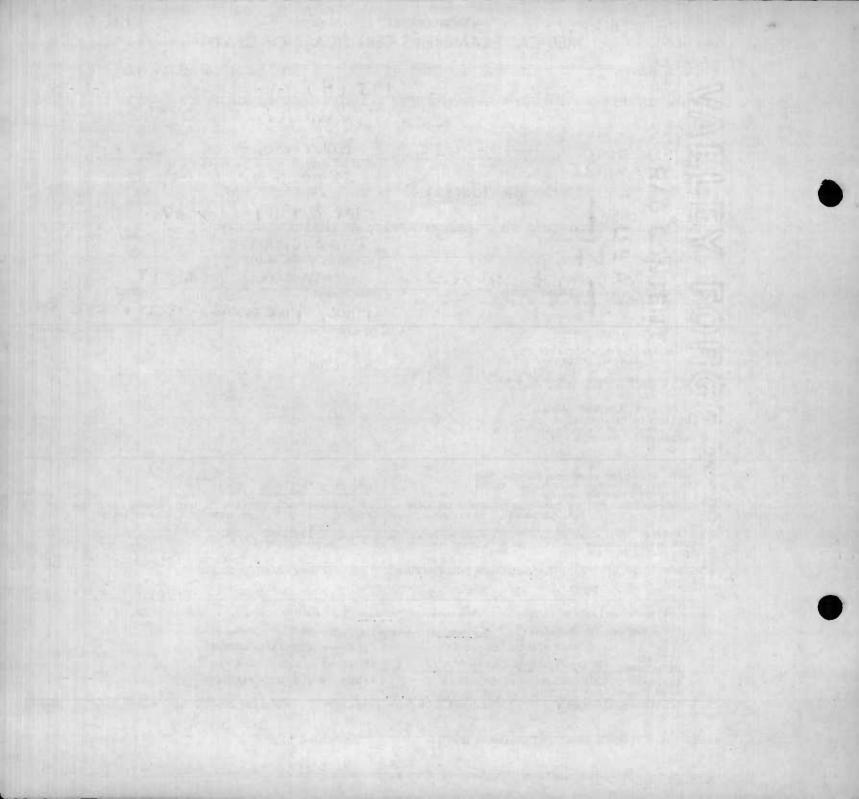
SATISTICS OF THE PITTERS

Foreford & forgrown

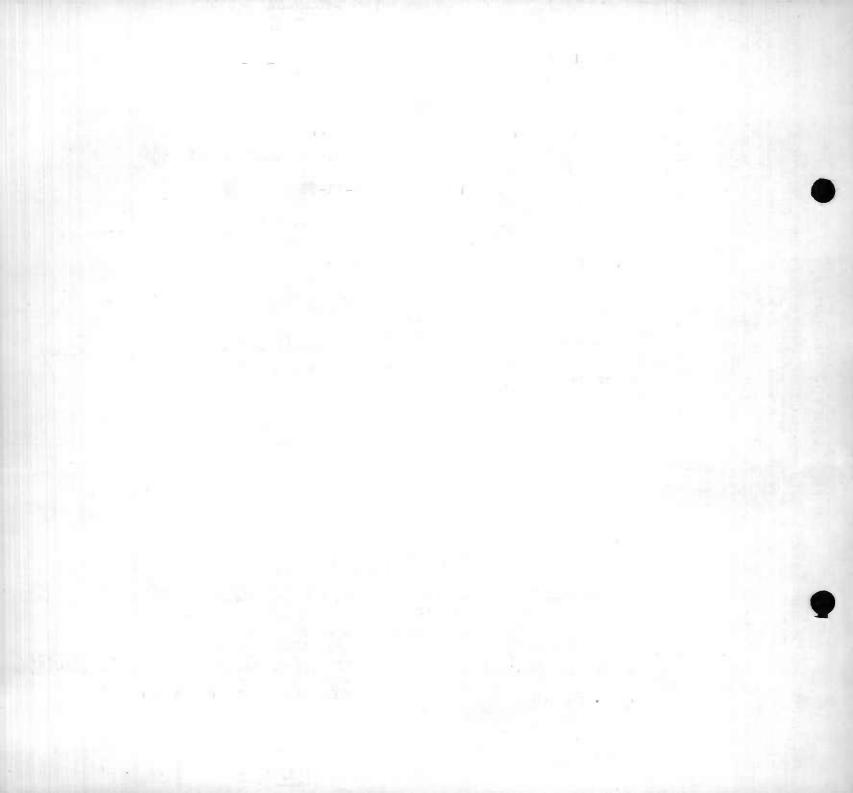
BIR	H NO.	MED	ICAL EXAMINER'S	CERTIFICA	ALE OF I	JEA IH Registe	red No	
M.I	L CASE NO.							
1. I	NAME OF DE	CEASED			2. DATE AN	D HOUR PRONOUNC	ED DEAD	
		T	homas E. Myers			7/19	/66 5	:17 a. M.
3. P	LACE IN BAL	TIMORE MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RES		deceosed lived, If inst B, COL	itution: residence	
	L NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET	C. CITY OR T	Maryland	I e corporate limits, write	RURAL ond giv	e township)
INS	TITUTION				Bal	timore	21229	7
1	11			D. STREET AC	DRESS (If rurol,	give location)	75	2 4-11
Ĉ	0	232 Stonec	roft Rd.		232 S	Stonecroft R	d. 07	
5. \$	EX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF B	RTH	9. AGE (In years lost birthdoy)	If Under 1 Yr.	If Under 24 Hrs.
	male	white	MARRIED	1/14/	05	61	7VIOTIMIS DOYS	110015
	USUAL OCC	UPATION (Give kind of wor	ATOB KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLAC	E (State or foreig		12. CITIZEN O	
don	ALL-5/	working life even if retired)	PAS + ELEC. C	a h	11		WHAT CO	UNTRY?
13.	ATHER'S NAM	AE C	H) Y L LE L, C		MAIDEN NAMI	E		
	Un. 11	nn 111-	2	P.n.				
15.1		D EVER IN U.S. ARMEL		17. INFORMAN	C14E	JRACE	ADDRESS	
		(If yes, give wor or dot			,		ADDRESS	
1	Vo			X9R5. L	-14414	GRACE AN MYET	P5	
	1B.	3 1	CA	USE OF DEATH			INTE	RVAL BETWEEN
	DISEA	SE OR CONDITION D	RECTLY				ONS	ET AND DEATH
		LEADING TO DEATH	Arte	eriosclero	tic cardi	ovascular d	isease	
	heort foilure	not mean the mode of , osthenio, etc. It means	dying, e.g., DUE TO					~11 ~1 0 0011 1 0 0 00 00 00 00 1 0 000
	injury or co	mplication which coused	de oth-l					
	-	ANTECENDENT CAUS	ES				3792	
		OR CONDITIONS, IF A						**************************************
		NG CONDITION LAST.	TATING THE					
Z			(C)					
ERTIFICATION		II						Maria de la Caracteria
O	TO THE	NIFICANT CONDITIONS DEATH BUT NOT RE	LATED TO THE				100	
E	DISEASE O	R CONDITION CAUSING	3 IT	************************				
CER	19A. DATE OF		IDITION FOR WHICH OPERATION	20A. AUTOF		20B. IF YES, WERE FI		
	O EVERNIA	L CALLER MAG			no			
V	UNDERLYING	L CAUSE WAS OR CONTRIB-	21B, PLACE OF INJURY (e home, form, foctory, street	et, office bldg., INJU	JRY OCCUR?	(If in Boltimore City, gi	ve exact location	1)
MEDI	UTING L CAU	SE OF DEATH.	etc.l					
Σ	21D TIME	(Month) (Doy) (Yeo	t) (Hour 21E. INJURY OCCURR	ED 21 F.	HOW DID INJU	JRY OCCUR?		
	OF INJURY (APPROX.)			OT WHILE				
	22.		m. WORK	T_WORK				
	1 cer	rify that I held an I	nquiry Inspection	Autopsy	and thot an thi	s bosis, deoth In n	ny opinion	
	resul	ted from: Natural co	uses X Accident Sui	cide Hami	cide 📗 L	Indetermined manne	er 🗌	
		4110 0		CHIEF	MEDICAL EX	AMINER _		
	ACTUA		7 -	A.D. ASSISTANT	MEDICAL EX	AMINER X	DA	TE SIGNED
	SIGNAT				MEDICAL EX		7/19/6	6
	NAME (r U. Spitz, M.D.	ASSOCIATE	MEDICAL EX	(AMITTER)	1/19/0	0
	BURIAL CRE	MATION, 23B, DATE	23C. NAME of CEMETE	RY or CREMATORY	23 D. LO	OCATION (City,	town, or countyl	(Stotel
REA	NOVAL (Specifi	7/25	1/1/ WESTER	1/	RI	11-0 M	/	
1	DATE DECID	BY HEALTH DEPT.	24B, NAME OF REGISTRAR	10.40 5111	EDAL DISTERS	110,110	1	ce
244	. DATE REC'D			240. FUN	ERAL DIRECTOR	. /	201 FR	FDERICK
	1	L 21 1966 di	obub E. Farleyna	E, 5	· MAI	NABB	-317.	2 P
					7,7,0			40



66 U7436 BALTIMORE CITY HEAL	TH DEPARTMENT 65 07436
	ERTIFICATE OF DEATH Registered Na
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
ALBERT JONES '	1 (A) 7-19-66 7-19-66 M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
SOUTH BALTIMORE GENERAL HOSPITAL - DOA	BALTIMORE 20-52
43/a	D. STREET ADDRESS (II rural, give location) 2650 ROUND Rd.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCEDISPECTIV)	B. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male Colored 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	
done during most of working life, even if retired)	MARYLAND WHAT COUNTRY?
13, FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM E. JONES	MARIAN PRATT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	MARY PARTLOW 2850 ROUND Rd.
18. CAUSE	OF DEATH INTERVAL BETWEEN
6767.8 TINKS	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Drowning
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
The state of the s	
E	
OF THE RESIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DISA, DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION WAS PERFORMED	Acute ethylism
19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	Yes Yes
✓ 21A, EXTERNAL CAUSE WAS O UNDERLYING FOR CONTRIB- 21B. PLACE OF INJURY (e.g., home, form, foctory, street, company of the street, co	in or about 21C, WHERE DID (If in Baltimore City, give exact location)
UTING CAUSE OF DEATH. River	150 Yds. East of Patapsco River Bridg
21D TIME (Month) (Doy) (Yeorg - (Nout) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) 7 19 66 PM m. WHILE AT NOT	while X Was swimming in Patapsco River
22. I certify that I held an Inquiry Inspection Aut	apsy X and that an this basis, death In my apinlan
resulted frame Natural causes Accident X Suicid	e Hamleide Undetermined manner
1)11 +	CHIEF MEDICAL EXAMINER
SIGNATURE SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 7-20-66
RUDIGER BREITENECKER, M.D.	r CREMATORY 23D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	1 6 2 11
SALARIA 7-22-66 ISA ITO NO	1/ Cem. 189 He City 124C, FUNERAL DIRECTOR ADDRESS
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	
111 21 10ce A A B- P Freligh	12. L. BROWN 108 W. montgomFly
VS 151-REV. 1/1/65	

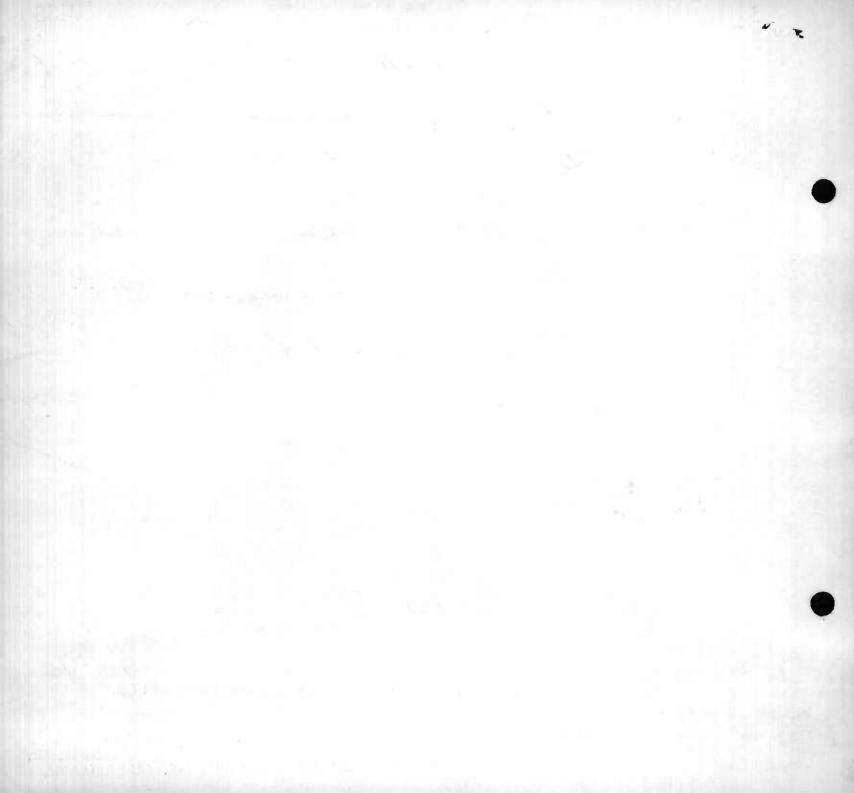


	66 074	217	BALTIMORE CITY	HEALTH DEPARTMENT		66 117437
BIRTH NO.		10	CERTIFICA	TE OF DEATH	Registered N	0. 00 37407
M.E. CASE NO.				2. DATE	AND HOUR OF DEA	тн
Type or Print)	JEFF NIMONS	4			20-66	9AM
PLACE OF C	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (W	here deceased lived. I	If institution: residence before admission)
				A. STATE B. CO	UNIT	
HOSPITAL O	R oddress or location	ar institution,	give street		autside city limits, wi	ite RURAL and give township)
INSTITUTION						1205
THE JO	HNS HOPKINS H	IOPTIAL		D. STREET ADDRESS	(If rural, give location)	
33				1618 BARCL	AY STREET	
• S EX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs,
M	N:	WIDOWE	RRIED (specify)	5-11-99	last billioy	Months Days Hours Min.
	CUPATION (Give kind of work				areign country)	12. CITIZEN OF
one during most	of working life, even if retired)					WHAT COUNTRY?
Labore		cons	truction	Columbia S.		U.S.A.
FATHER'S N	AME			14. MOTHERS MAIDEN N	IAME	
TO	M NIMONS			Unk.		
. Wos Deceas	ed Ever in U. S. Armed Forwn) (If yes, give war ar date	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		- 0. 3017100)	244-09-9350	Dorthy Nimi	os	1618 Barclay St.
1B.			CAUSE O			INTERVAL BETWEEN
4	ASE OR CONDITION DIR	ECTI V	000	4		ONSET AND DEATH
Dize	LEADING TO DEATH	ECILI	til.	monte elle	IM CAICI	21.0
(This does	not mean the mode of	dying, e.g.,	DUE TO	10 ~	arres	aday sours
heart failur	e, asthenio, etc. It meons omplication which caused	the diseose,	4	-cardiae	anes	
injury or c		deoin.)	(8)			
	ANTECEDENT CAUSES		DUE TO	*********		
	OR CONDITIONS, if the obove cause (A)					
	NG CONDITION last.	storing ine	(С1	***************************************		0 00 00 00 00 00 00 00 00 00 00 00 00 0
	- 11					
OTHER SIG	NIFICANT CONDITIONS C					
	DEATH BUT NOT RELA		E			
19A.DATE	OF OPERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
19A.DATE	WAS PERI	OKWED		YES	IN CEKIIPTING	CAUSES OF DEATH!
21A. ACCIE	DENT WAS UNDERLYING	21B	PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(II in Boltin	more City, give exact location)
DEATH (no	ify medical examiner	horr etc.		fice bldg., INJURY OCCUR?		
21D. TIME	(Month) (Doy) (Year)	(Hour) 21E	, INJURY OCCURRED	21F. HOW DID I	NILIRY OCCUP?	
OF INJURY			ile At Not While		TO CCOK:	
(APPROX.)		Wo				- (
22. I certi	fy that (1) (this hospital) attended t	he deceased from	7/17	19 6.6 to	7/20 1966
	e) last saw the decease		7/20	19 66 and	- (aplnian death accurred an the dat
			1) (Wa) (J1J) (M4			
23A. SIGNA	and fram the causes stat	red apave. (I	i) Ask) (aid) (the not) A	tew the bady after deat	n.	DATE SIGNED
23A. 310NA	1 100	1.0.	M.D. Atte	ending Med.	Stolf 🗸	211 DATE SIGNED
1	toud 2 1	es so	Phy	s. Director	Phy s.	July 60, 1766
23C. PHYMO	IAN'S (Type)			23D. ADDRESS		
	AVID S. FEDSO	N	M.D.	THE JOHNS	HOPKINS H	IOSPITAL
A. BURIAL C	REMATION, 24B. DATE		AME of CEMETERY OF CRE	MATORY 24D	LOCATION	(City, town, or county) (State)
REMOVAL		7	+ 0-1		7 - 3	
Burial	D BY HEALTH DEPT.		t. Calvary Ce	metary (Cedar Hill	Maryland
DAIL REC	04 1000	DO B-				
		Locuera	C' donner.	Donald E.	Glover]	1701 N. Patterson Pl
VS 150-REV, 1/	JUL 21 1966 (Colvert	E. Soulkey M. D.	Donald E.	Glover]	1701 N. Patterso



FUNERAL DIRECTOR: IMPORTANT

	66 0743	0		HEALIH DEPAKIMENI		66 07438
M.E. CASE NO		Ö	CERTIFICA	TE OF DEATH	Registered Na.	3 3 7 10()
1. NAME OF E	COBERT	HOF	FMANN	7/	2//66	12/15 A.M
3. PLACE OF		er institution, and	e street	A. STATE NEW YORK	nere deceased lived. If in JNTY	nstitution: residence before odmission) - 2 9
HOSPITAL O	OR oddress or location	1)		BRONX	outside city limits, write	RURAL ond give township)
33					If rurol, give location) IDAN AVENU	E
5. SEX MALE	6. RACE WHITE	7. MARRIED, N WIDOWED, NEVE	DIVORCED (specify)	8-17-48	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	CCUPATION (Give kind of work t ol working lile, even if retired) AIT	10B. KIND OF B		11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S		SCHO	UL	Belgium 14. MOTHERS MAIDEN N.	AME	USA
	AM HOFFMAN			CLARA ST		
(Yes, no or unknown)	sed Ever in U. S. Armed For own (If yes, give wor or dote	s of service)	6. SOCIAL SECURITY NO.	William Host	fman- 1455 St	Bronx, PR. V. reridan Ave
(This dae heart failt injury at DISEASES rise to UNDERLY OTHER SI TO THE DISEASE	WAS PER	dying, e.g., The disease, deoth.) any, giving stating the ONTRIBUTING TED TO THE T. DITION FOR WH	(A) DUE TO (B) DUE TO (C)	Teat for or the second of the	Heart Pur	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONT	DENT WAS UNDERLYING CHIBUTING CAUSE OF	218, PI	ACC OF INJURY (e.g., in form, foctory, street, of	or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore	re City, give exact location)
21D. TIME OF INJURY (APPROX.)		(Hour) 21 E. II While Work	At Not While At Work	21 F. HOW DID IN	NJURY OCCUR?	
	ify that (肖(this hospital we) lost sow the decease		deceased from	/	19 6 C to 7	nion death occurred on the date
23A. SIGNA 23C. PHYSI	Hobert D.	D. PIP	Kin M.D. Atte	ending Med. Signature Med. Director 23D. ADDRESS THE JOHNS H	Stoff Phys.	23B. DATE SIGNED 7/2//CG
Remova Remova 25A. DATE RE	val 7/21/66		RECOPTRA	25C. FUNERAL DIRECTO	New York, N	lew York Baltinore, Md.
VS 150-REV. 1	/1/65	2444		SUL LEVINSON	BRUS INC.	6010 Reist Rd.

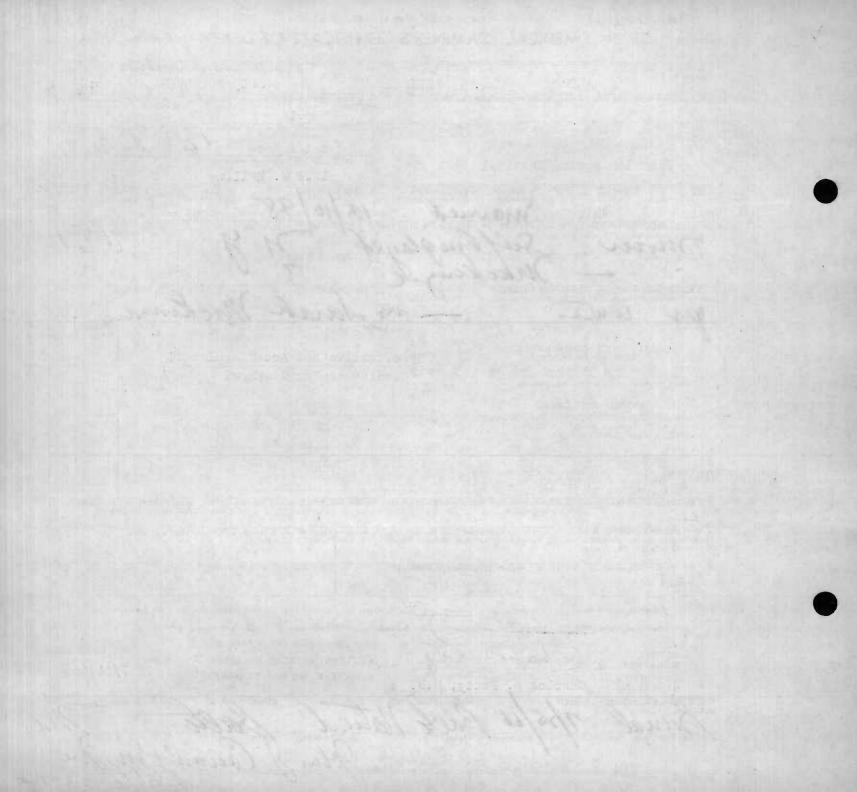


010	66 0	7439 MEDI		AMINER'S CI			NEATH Passa	and Na	66 07	439
M,	E. CASE NO.	MILDI	CALLA	AMIINERS CI	LKTIITCAT	LOIL	LA III wegisi	erea 110		
î. (Ťy	Pe or Print)						HOUR PRONOUN	CED DEAD		
3, 1	PLACE IN BALT	JENNIE IMORE MARYLAND, W		GOODYEAR	4. USUAL RESIDE		16, 1966 deceased fived. If in:	stitution: resi	1:10	P. M.
	FRTI	FICATE	ARAT	MDED	A. STATE	yland	B. CO			
НО	SPITAL OR	ADDRESS OR LOCA	TON	DMAYDE	C. CITY OR TOW	N (If outside	corporate limits, wei	te RURAL o	nd give lowns	hip)
1143	MOHON			8/26/66	Bal	timore		> _	10	
1	1)	1008 East E	Baltimor	e Street	D. STREET ADDR		_			
5. 5	EV	6. RACE	7 AAADDIED	NEVER MARRIED	B. DATE OF BIRTH		Baltimpre S		TYr. If Unde	24 H
J. J.	Female	White		OVORCED (specify)	9-2-		lost hirthday 60		Days Hours	Min.
		JPATION (Give kind of work vorking life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY			country)	12. CITIZ	EN OF	
14	FATHER'S NAN	VIFE	17		ENGL,			4	. S.A.	
3.		HOWLEY					HALLIC	2411		
15,		D EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	700	111/22/0	ADDRESS	PHIL	11 12
(Yes	s, no or unknown	(If yes, give wor or dote		SECURITY NO.		1.1 //	6.1		PITIL	
-	NO 18.				MISS AN	N HOY	They 27	25 1	FRON.	
	58	1./ 1		CAUSE	OF DEATH		•	1990	ONSET AND	
		LEADING TO DEATH		(A) Cir	rhosis of	liver v	with massiv	70		
	(This does r	ot meon the mode of osthenio, etc. It meons	dying e.g., the diseose,	DINEATO	. hemorrha		(Y. A. S. J	/		
	injury or cor	npfication which coused	deoth.)	0.1	· Hemorrine	age.				
		NTECENDENT CAUSE		(B)						
	RISE TO TH	OR CONDITIONS, IF A E ABOVE CAUSE (A) ST IG CONDITION LAST.	ATING THE	DUE TO						
Z	ONDEREIN	TO CONDITION LAST.		(C)						
		n n	S. Ist							
ERTIFICATION	TO THE	NIFICANT CONDITIONS DEATH BUT NOT REI R CONDITION CAUSING	ATED TO TH	Acute eth	yl and met	thyl alo	cohol poiso	ning	••••••	
CER.	19A, DATE OF	OPERATION 198, CON WAS PER		VHICH OPERATION	20 A. AUTOPSY?		208. IF YES, WERE F			
1	21 A FYTERNA	L CAUSE WAS	210	LACE OF INJURY (e.g.,	No.					
EDIC	UNDERLYING	OR CONTRIB-	home,	form, foctory, street, o	ffice bldg., INJURY	OCCUR?	it in politimore City,	give exoct ic	(Conton)	
Σ	21D TIME OF INJURY	(Month) (Doy) (Yeor	(Hour) 21	E. INJURY OCCURRED	21 F. HO	M DID INTO	RY OCCUR?			
	(APPROX.)		m. W	HILE AT NOT	ORK		11 32			2.13
	22, cert	ify that I held on I	ngulry	Inspection X Aut	opsy ond	that on thi	s basis, death In	my opinio	n	
		ted from: Notural car		ccident Suicide			Indetermined mon			
			7 /				AMINER X			
	SIGNAT		M.	whe un	ASSISTANT ME				DATE SIG	GNED
	EXAMIN	ER'S Russe	11 S. F.	isher, M.D.	ASSOCIATE MI			J	Tuly 17,	1966
23.4	NAME (, Abe,		. NAME of CEMETERY of	- CREMATORY	23D. LC	CATION (Cit	y, town, or	county)	(Stotel
REA	MOVAL (Specify	7 23		YOLY SEPU			LIENHA			1
	BURIAL A, DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERA	L. DIRECTOR	1		DDRESS	
		UL 22 1966		. 940	Rober	t J. K	oche !		Ja,	
1			John	C, Consul, III	5550	Ceda	vave, v.	uls.	, 000	
A 2	151-REV. 1/1/	00)				

letter dated 8/25/66 from Dr.Fisher re addition

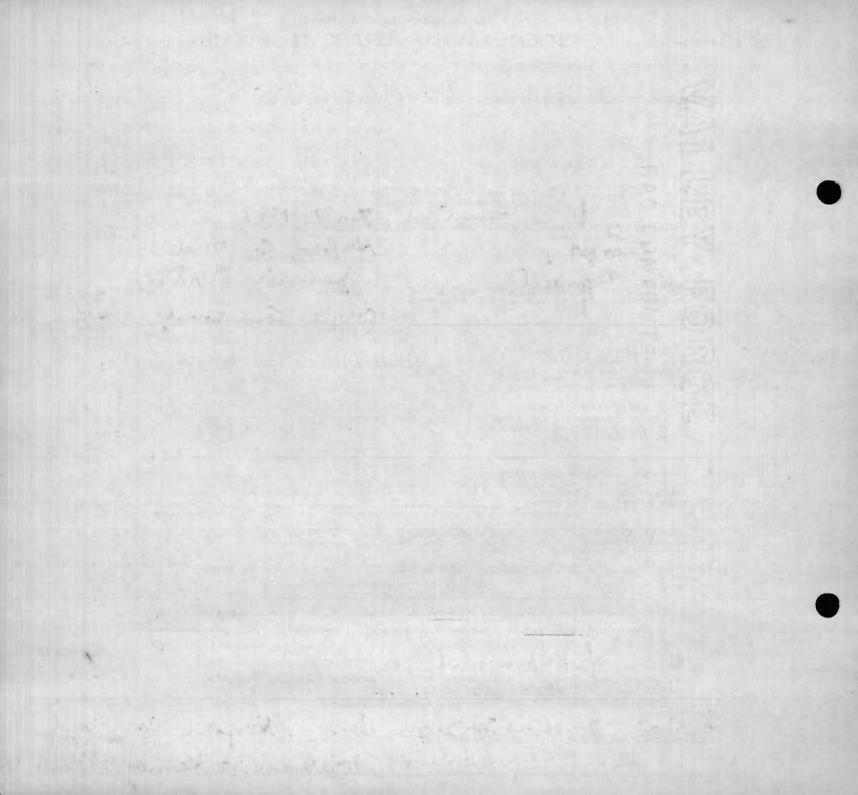
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Registered No
MEDICAL	LVWMIIIAFV 2	CLKIIICAIL		DLA Kegisierea ito

BIRT	H NO.		MEDI	CAL EX	AMI	NER'S CE	RTIFICAT	E OF D	EATH Register	red No		-
M.E	CASE NO.											
1. I	NAME OF DEC	EASED							HOUR PRONOUNCE	D DEAD		
,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	A)	LFRED	E	. N	ACKENZIE		Ju1	y 20, 1966		6:04 P	и.
	LACE IN BALT	IMORE, MARY	LAND, WH	TERE PRONOL	JNCED D	EAD	A. STATE	NCE (Where de	eceosed lived. If insti 8. COU	NTY resid	ence before odmissi	on)
FU I HO IN S	L NAME OF SPITAL OR TITUTION	(IF NOT II	N HOSPITA	L OR INSTITUTION)	JTION, GI	VE STREET	C. CITY OR TOW	N (If outside	corporate limit, write	RU RAL an	d give township)	
1	/					9.46	D. STREET ADDR	timore	ive location)	-	123	
3	Fran	klin Squ	uare H	ospital					lins Street	+		
	FV	(DA OF		7 14 4 00150	ALEVER A	4 4 00150	B. DATE OF BIRTH		9. AGE (In years		1 Yr. If Under 24 H	=
5. S	ale	6. RACE Whit		7. MARRIED, WIDOWED,	DIVORCE	D(specify)	12/10/	98	lost birthdoy		Doys Hours Min	
	USUAL OCCL			108 KIND OI	BUSINES	S OR INDUSTRY	11. BIRTHPLACE	tote or foreign		12. CITIZE	N OF	_
don	during most of v	vorking life, ever	n if retired)	Call	6.	. 00.	26)	71	y.	WHA	COUNTRYZ	1
12	ATHER'S NAM	ier	1	seef	enn	playe	MOTHER'S MA	LIDEN HAME	1	1	e JN	
13.1	ATHEKS NAM	-	_	nke	ker	is de	THE MOTHER'S MA	7				
	WAS DECEASE				16. SO CI.		17. INFORMANT	1	/	ADDRESS		_
(Yes	, no or unknown)	WW.	wor or dotes	of service)	SECO	RITY NO.	Lara	RI	Macker	isie	- afo	21
	18.	5 V				CAUSE	OF DEATH			0	INTERVAL BETWEE	N
V	DISEAS	E OR COND	UTION DIE	ECTI V							ONSET AND DEAT	Н
	DISEAS	LEADING T		ECILI		Hypert	ensive and	d Arteri	osclerotic			
	heort foilure,	ot meon the osthenio, etc. aplication which	It meons	the discose.			iovascula:				o	
		NTECENDEN	T CALISES									
		NTECENDEN OR CONDITIE				(8) DUE TO						
	RISE TO TH	E ABOVE CAL	USE (A) ST			DOL 10				>		
z	ONDEREIN	IG CONDING	JIN LASI.			(C)						
ō		11	-									_
CAI		NIFICANT CO								24		
Ē		DEATH BUT			HE							00001
CERTIFICATION	19A. DATE OF	OPERATION	198. CONI		WHICH C	PERATION	20A. AUTOPSY?		B. IF YES, WERE FIN			
A	21 A. EXTERNA	L CAUSE WA	S	218.	PLACE O	F INJURY (e.g., i		HERE DID (IF	in Boltimore City, gir	ve exoct lo	cotion)	
MEDICA	UNDERLYING UTING CAU	OR CONTRIB	-	home etc.)	, form,	foctory, street, o	ffice bldg., INJURY	OCCUR?				
Σ	21D TIME OF INJURY	(Month) (D	oy) (Yeor)	(Hour) 2	TE. INJU	RY OCCURRED	21 F. HO	W DID INJUR	Y OCCUR?			
	(APPROX.)		= 1,49	m.	WHILE AT	NOT NOT W	ORK					
	22. I cert	ify that I he	ld an In	quiry 🗌	Inspec	ction X Aut	apsy and	that on this	basis, deoth in m	y opinlor		
8	resul	ted from: N	otural cau	ses X	Accident	Suicide	Homicia	de Ur	determined monne	er 🗌		
	ACTUAL		0/		1	etez		DICAL EXA			DATE SIGNED	
	SIGNAT		Ch	alls 1		M.D.	ASSISTANT ME			7/	21/66	
	HAME (Charle	s S, Pe	etty,	M.D.	ASSOCIATE MI	EDICAL EXA	AMINER		21/00	
	MOVAL (Specify		B. DATE	23	C. NAME	of CEMETERY .	CREMATORY	7 23 D. LO	CATION City,	town, or c	(Stote)	1
-	Dur	al	7/20	166	130	18 11c	aliona/	/	allo		Mid	1.
247	A. DATE REC'D	BY HEALTH	DEPT.	24B. NAME			24C FUNERA	AL DIRECTOR	10 ,	PA	DDRESS	
		1111 29	1966	12.00m	52.	Forber, MA	plu	4.6	awan s	534	pre !	2/
VS	151-REV. 1/1/	63 0 1					11	0	11-4	0.00	73 /	7

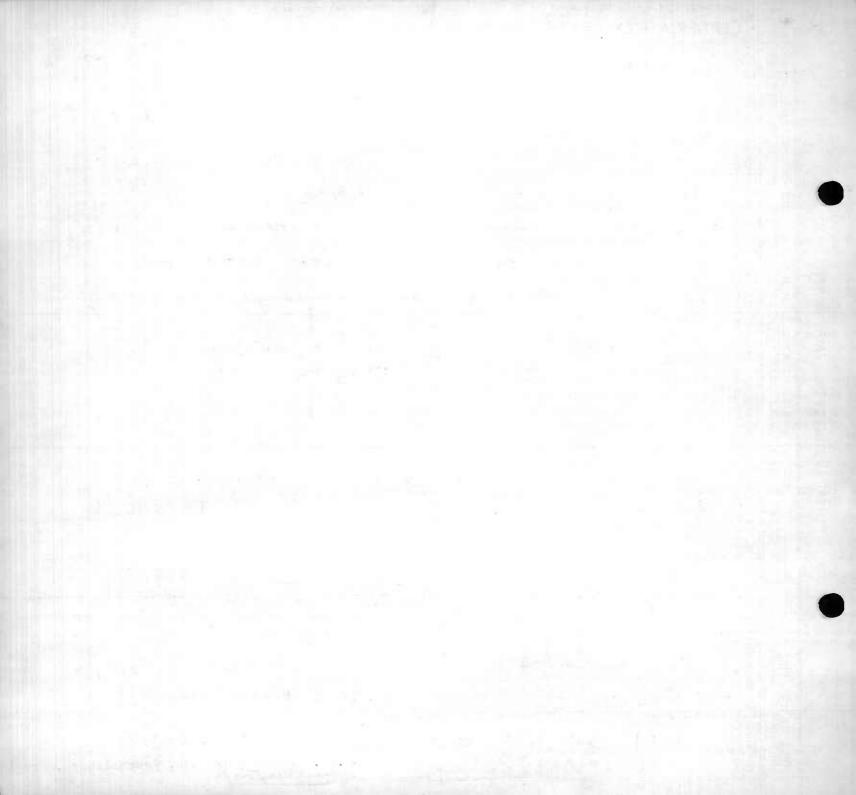


VS 151-REV. 1/1/65

TH NO.	MEDI	CAL EXA	WINER 2 C	EKTIFICA	IE OF DE	AIH Register	ed No.
E. CASE NO.				Detail William	N. S. HOT		
NAME OF DE	CEASED				2. DATE AND H	OUR PRONOUNCE	D DEAD
po or rittiii	LEONA	RD	ARMSTRONG		7-19-66		2:25 P. M.
LACE IN BALT	TIMORE MARYLAND, W			4. USUAL RESID		eosod livod. If instit B. COU	ution: residence before admission)
LL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITUTION	ON, GIVE STREET	Maryland		rporoto limits, writo	RURAL and give townshipl
				Baltimo		13-	
PO 3.	502 HOLMES AV	ENUE		0	ress (If rurol, give Imes Avent		
X	6. RACE	7. MARRIED, NE		8. DATE OF BIRTI		9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs.
Male	Colored	WIDOWED, DIV	,	7an 7	1887	1ast birthday)	Months Doys Hours Min.
	UPATION (Give kind of world	1		YIL BIRTHPLACE	State or foreign co		12. CITIZEN OF WHAT COUNTRY?
during most of	working life, even if rotired)	PERM		Harbor	el Co	mal	WHAT COUNTRY:
ATHER'S NAM				14. MOTHER'S M	AIDEN NAME	0 :	
1) .80 :0	· anual	00		her	mie	Curtis	,
	ED EVER IN U.S. ARMED		SOCIAL SECURITY NO.	17. INFORMANT		0,000	ADDRESS 3502
10 OT URKNOWN	(If yes, give war or doto	S OI SEIVICOI		V Car	0	+	11/08
В,		12	15-10-572	E OF DEATH	Com	Macris	INTERVAL BETWEEN
423	2, / 1		CAUS	OF DEATH		0	ONSET AND DEATH
	SE OR CONDITION DI						
(This door	LEADING TO DEATH			iosclerot	ic cardio	vascular d	ısea ş e
heart failure	o, osthonio, etc. It moons emplication which coused	the discose.	DUE TO				tion of the second
injuly of co	mpreonon which coosed	oe omer					
-	ANTECENDENT CAUSE	S	(0)				
	OR CONDITIONS, IF A		DUE TO			******************	••••••
	TE ABOVE CAUSE (A) S' NG CONDITION LAST.	AING THE					
		inchie I	(C)				
	II	SEATHER STATE	Se d State	1983 Ser. 1			
	NIFICANT CONDITIONS DEATH BUT NOT RE						7/6 0 3 5 5 7 6 5
	OR CONDITION CAUSING) IT.					
A. DATE OF	F OPERATION 198, CON WAS PER	DITION FOR WH	ICH OPERATION	20A. AUTOPSY No		IF YES, WERE FIN	DINGS CONSIDERED ES OF DEATH?
	L CAUSE WAS	218. PLA	CE OF INJURY (o.g.,	in ar about 21 C. V	WHERE DID (If in	Baltimore City, giv	o exact lacotion)
NDERLYING	OR CONTRIB-	home, f	arm, foctory, street,	office bldg., INJURY	OCCUR?	,	FACELLA
) (H-) [215	INJURY OCCURRED	215 44	OW DID INITIAL	OCCUP?	
F INJURY	(Month) (Doy) (Year				OW DID INJURY	OCCUR!	
APPROX.)		m. WHI		WHILE D			
2.	tify that I held on I	naulry 1	nspection X Au	rtopsy and	d that an this h	asis, death in m	v opinlan
		(44)					
resu	Ited fram: Natural ca	Acc	ident Suici	-		etermined manne	· [_]
ACTUA	. 1/1/	7	1/		EDICAL EXAM	_	DATE SIGNED
SIGNAT		Wills	uly M.C	ASSISTANT M	EDICAL EXAM	INER X	
EXAMIN	NER'S		5	ASSOCIATE M	EDICAL EXAM		7-20-66
NAME ((Type) RUDIG	ER BREITE					
BURIAL CRE		23C. 1	NAME OF CEMETERY	or CREMATORY	23 D. LOCA	City,	town, or county) (Statel
LUZLa	a 17	-16 ma	- 3) 1 may	Com	1 kha	121	Co md
	BY HEALTH DEPT.	24B. NAME OF	REGISTRAR	24C. FUNER	AL DIRECTOR	to Late	ADDRESS 578
			. ~ -		m .	1	المراجع المراج
	JUL 22 1966	Woles !	E. Jankey Ma	11/22 9	frances.	2 Hem	sly Biddle
51-REV. 1/1/	/65				ž.		1
31-45 17 17							



	NO. 66 U7442			HEALTH DEPARTM		66 07442
M.E. C	NO. 00 0744C		CERTIFICA	TE OF DEA	TH Registered No.	0
(Type o	OF DECEASED OF Print) THOMAS JAME		ES		TATE AND HOUR OF DEAT	901 A M.
	LL NAME OF (If not in hospital				BALTIMOTE	institution; residence before admission)
INST	SPITAL OR oddress or location)	ive siteel	C. CITY OR TOWN		e RUR L ond ive township
2	VIVERSITY HOSPI	TAL		D. STREET ADDRESS	(If tural, give location) Dizuro Hill	Bue
5. SEX	6. RACE	7. MARRIED,		B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
10A US	SUAL OCCUPATION (Give kind of work	DIVOR		7/8/22	lost birthdoys	Months Doys Hours Min,
done du	uring most of working life, even if setired) . PBORER		TRU CTION		MARYLAND	WHAT COUNTRY?
	THERS NAME NARLES WESLEY	JONI	E 5	14. MOTHERS MAID		rrare
15. Wa	Deceased Ever in U. S. Armed For o or unknown) (If yes, give wor or date	ces?	16. SOCIAL SECURITY NO. 218-20-6179	17. INFORMANT	CHART BY	PATIENT
18.	DISEASE OR CONDITION DIR	ECTLY	CAUSE OI			INTERVAL BETWEEN ONSET AND DEATH
he	LEADING TO DEATH his does not mean the mode of eart failure, asthenia, etc. II means	the disease,	DUE TO	RADIATION	PNEUMONITIS	TH 5 norths
in	ijuiy ai camplicotian which coused ANTECEDENT CAUSES	deom.)	(B)			
ris	DISEASES OR CONDITIONS, if each of the second secon		(C)		••••••	
E TO	THER SIGNIFICANT CONDITIONS CO. THE DEATH BUT NOT RELA	TED TO THE		PRESTATIE	HYPERTROPHY	
OH 19	WAS PERF	DITION FOR V	VHICH OPERATION	20 A. AUTOPSY?	est or No. 20B. IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?
J 0F	A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF	21 B.	PLACE OF INJURY (e.g., in e, form, foctory, street, of	or obout 21C. WHERE	DID (If in Boltim	note City, give exact location)
및 OF	D. TIME (Manth) (Day) (Yeat) F INJURY PPROX.)	(Hous) 21 E.	INJURY OCCURRED	21F. HOW	DID INJURY OCCUR?	
	2. I certify that (I) (this hospital	Wor	K — 21 1101K		19 66 to 7	1966
the	oot (I) we lost sow the decease	d olive on	7/17	19 66	ond that in (my) (our) o	plnion deoth occurred on the dote
	A. SIGNATURE	ed obove.((I	(We) (did) (did not) v	lew the body ofter	deoth.	23 B. DATE SIGNED
	Anne C. Colit	or	M.D. Atte	nding Med.	or Stoff Phys	7/17/66
23	C. PHYSICIAN'S NAME (Type)	(01	STON M.D.	1533	BOLTON STRE	ET
24A. B	BURIAL CREMATION, 24B. DATE		ME of CEMETERY OF CRE			(City, town, or county) (State)
25A. D	Burial July 2 DATE REC'D BY HEALTH DEPT. JUL 22 1966 (2)		Vienna Cemet	25C. FUNERAL D	Vienna, Ma IRECTOR Camptom and Son	ryland ADDRESS , Federalsburg, Mary
VS 150	0-REV. 1/1/65	KIRLU C	A CONTRACTOR OF THE PARTY OF TH	frame of	coupton for	, , , , ,



BALTIMORE CITY HEALTH DEPARTMENT

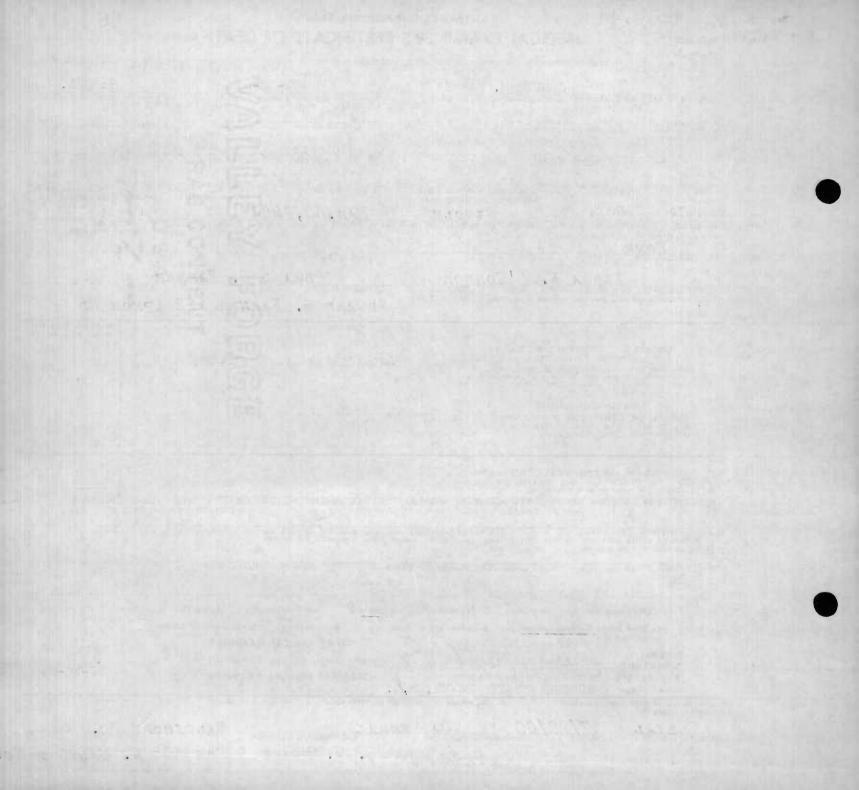
MINISHELL & SHAPE L'ALLE 2-19-06 60 PAT EU MARKIER Mattered Laborer Landy Ridarline Edward H. Brown GRACE IN MUMBER HELL MALE E BROWN Complement Grown V Naphropothy Therm begillebitis Hypertalant. 77 -5-6 My and formed and a star Statement

W/	-623	CC 117A8A	TE OF DEATH Registered No.	66 07444
٠.	sed the the uch	M.E. CASE NO.	TE OF DEATH	
	deatl deatl ease n th Suc	(Type or Print) WRIGHT, MRS. MARIE R.	2. DATE AND HOUR OF DEATH	11:401
	- Sec	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	7-20-66 4. USUAL RESIDENCE (Where deceased lived, II institu	ution: resiplance before admission
se o (5) D ance deat	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	A. STATE B. COUNTY THRULL AND D C. CITY OR TOWN (If outside city limits, write RUR	12 hours	
	se; (3	CHURCH Home and Hospital		AL and give township) 53 - 60
	e de la company	35 BALTIMORE, and.	D. STREET ADDRESS (If rurol, give location)	0000
	r att	BALTIMORE, OIG.	1207 WHITE AL	re
	occurr ontribu ermine regula eased is mad	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday) 7-21-03	Under 1 Yr. II Under 24 Hrs. Lonths Doys Hours Min.
	red red red si r	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	7-21-03 62	2. CITIZEN OF WHAT COUNTRY?
	in de tion	done during most of working life, even if retired)	PA.	USA
	osi:	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	00017
	(4)	On Known	Unknown.	
Z	ind; ind; eath e on	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT MRS. CHARLES DEBELL	ADDRESS
RT	kin kin de de	no 319-14-0614	MRS. CHARLES DEBELL	US WHITE COU
Ö	if i	18. 420.1 H 260X CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
¥ :	So, of	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ACC.	WITE MUDICIONIEL TOTOR	DATE
	A e c e E	(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,	UTE MYOCAPOIAL IDFALL THE POUTE PULMONARY ED	m
8	pro lar	injury or complication which coused death.)	The section of the se	Conn
0	fre fre		TERIOSCIEROTIC HEART DIS	CAR T-HIES
EC	X X X X X X X X X X X X X X X X X X X	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stolling the (C)		
Ä.	an an ar	UNDERLYING CONDITION Iosi.		
- :	rns rns sici	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 1. DIABET	ES MELLITUS	
RA	bu bu bu bu	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	120A. AUTOPSY? (Yes or No!) 20B. IF YES WERE FIN	1150
	d n n n n n n n n n n n n n n n n n n n	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINI	
5	Book the three thr	7-19-66 ARTERIAL OCCUSSION 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i	No	ity, give exact location)
1	the (2) (2) ere o pl	OR CONTRIBUTING CAUSE OF home, form, factory, street, o	fice bldg., INJURY OCCUR?	ny, give exact localion/
	d b	21D. TIME (Month) (Doyl (Yeor) (Hourl 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	hos hos att (6	OF INJURY (APPROX.) While At Not While At Work At Work		
	y n xce	22. I certify that (I) (this haspital) attended the deceased fram	7-17 1964 10 7	-20 1966
	f and	that (I) (we) last saw the deceased alive an 7-20		
	0 9 5 3	and hour and fram the causes stated obave. (1) (We) (did) (did nat)		
	ust be a cased to dent of ospital death) must be	23A. SIGNATURE		B. DATE SIGNED
	must eleas ccide ccide to do al m	Phy	·	7-20-06
	certificate sody was rost. (1) An act D.O.A. at a assed prior ten approve	23C. PHYSICIAN'S NAME (Type) A. A. J. SUDONG, JR M.D.	Clunck Home & K	top.
	- >E 2 0 0	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR		town, or county) (State)
		Durial //dd/66 Morreland Wenne		
	This cer the bod shows: was D.(decease written	25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR J	ADDRESS
	F = 3 3 5 3	VS 150-REV. 1/1/65	July 7. wald 1211	- 4 24 6 10 6 7

Marie P 114 January 1

IEDICAL EVALABLEDIC CEDITICATE OF DE

BIRTH NO. 66-68 16 MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No
M.E. CASE NO.	TARREST AND HOUR PROMOUNTED DEAD
1. NAME OF DECEASED (Type or Print) TOGETHE M. TARRETE	7-20-66 19:30 A.
JOSEPH M. FARMER 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
112 Upnor Road	D. STREET ADDRESS (If rurol, give locotion)
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	112 Upnor Road B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Hrs.
Male White Widowed, Divorced(specify)	MAR. 30. 1966 lost birthdoy Months Doys Hours Min.
TOA. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired) NONE.	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
LEONA E. O'CONNOR	EDWARD B. FARMER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	DWARD B. FARMER 112 UPNOR RD
IB. CAUSE	E OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	nterstitial pneumonitis
(This does not mean the mode of dying, e.g., head foilure, asthenia, etc. It means the disease, injury or complication which coused death.)	
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes Yes
	in or about 21C, WHERE DID (If in Boltimore City, give exact location)
UNDERLYING OR CONTRIB-	once orage, Indoor occor:
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED (APPROX.)	WHILE
22	utapsy X and that an this basis, death In my apinian
resulted fram: Natural causes 🗓 Accident 🗌 Suicid	
D. A = 0	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER X
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 7-20-66
NAME (Type) / RUDIGER BREITENECKER, M.D. 23A. BURIAL CREMATION, 238 DATE 23C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
BURIAL 7/22/66 CATHEDE	DORESS ADDRESS
JUL 22 1966 Orleab E. Farkyna	H. W. MEARS & SON 805 N. CALVERT S
VS 151-REV. 1/1/65	



IMPORTAN

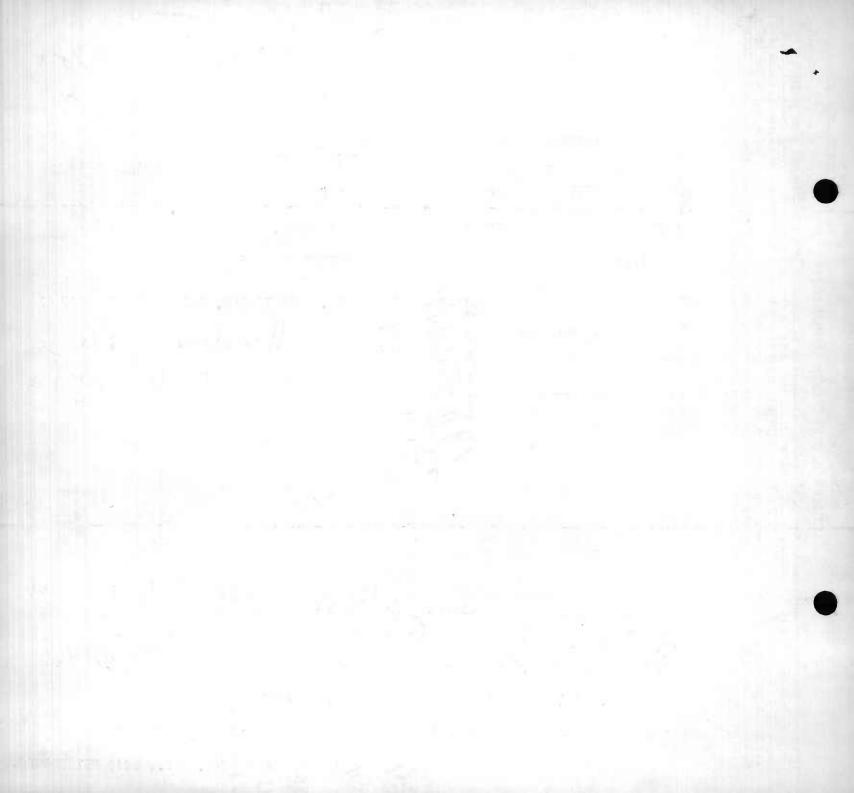
DIRECTOR:

FUNERAL

4. USUAL RESIDENCE (Where deceosed lived, If institution: resident A, STATE

B, COUNTY (If outside city limits, write RURAL ond give township) If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS MRS. MARY TILLES. 6813 BROMPTON ROAD #7 INTERVAL BETWEEN ONSET AND DEATH aller 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (aur) apinion death accurred on the date 23 8, DATE SIGNED 66 (City, town, or county) BALTIMORE, MARYLAND ADDRESS SOL LEVINSON & BROS. INC., 6010 REISTERSTOWN VS 150-REV. 1/1/65

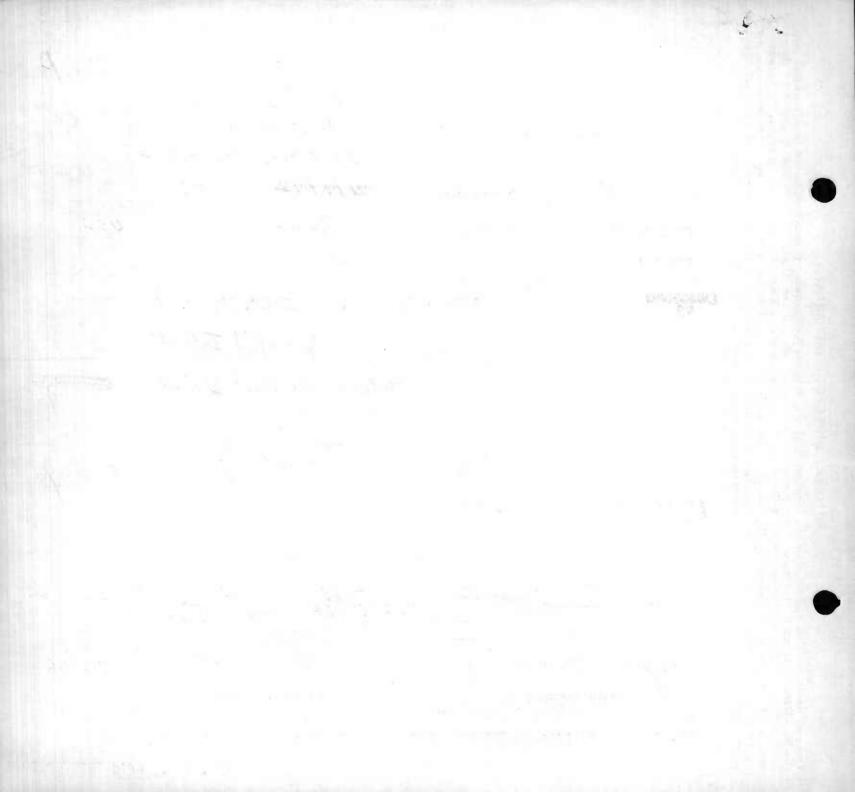
BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV. 1/1/65

PLACE	OF DEATH IN BALTIMORE, M		STEVAN	4. USUAL RESIDENCE	Where deceased lived. If	f institution: residence before admissi
HOSPITA	EVINDALE HE	EBREV		BALTIMORE	f outside city limits, with	THE RURAL OF THE NOWINSHIP)
71	INFIRMA	RY.		3233 POWHATE	(If rural, give location) W AVENUE	
SEX EMALE		MARI	D, NEVER MARRIED D, DIVORCED (specify) RIED	7/24/94	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
one during	L OCCUPATION (Give kind of wo most of working lile, even if retired) HOUSEWIFE)	F BUSINESS OR INDUSTRY THOME	HUNGARY	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	JACOB KATZ			14. MOTHERS MAIDEN ROSE WEISS	.,,	
. Was De	eceased Ever in U. S. Armed Fonknown) (II yes, give war ar do	orces? ites of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO	10/11		218-26-3207	MR. HARRY S	TEVAN, 2916	OAKLEY AVENUE #15
	DISEASE OR CONDITION D LEADING TO DEATH does not mean the mode of	4		RONCHOPN	EUMONIA	NOT KNOWN
(This of heart finjury	LEADING TO DEATH does not mean the mode a failure, asthenia, etc. II mean ar camplication which cause ANTECEDENT CAUSE SES OR CONDITIONS, if to the above cause (A)	d dying, e.g., as the disease d death.)	(B)OUE TO	RONCHOPN	EUMONIA	NOT KNOWA
OTHER TO I DISEA	LEADING TO DEATH does not mean the mode of failure, asthenia, etc. It mean ar camplication which cause ANTECEDENT CAUSE USES OR CONDITIONS, if the above cause (A) RICHING CONDITION lost, R SIGNIFICANT CONDITIONS THE DEATH BUT NOT REL SEE DR CONDITION CAUSING ATE OF OPERATION 198. CO	of dying, e.g., as the disease of death.) any, giving the disease of death.) CONTRIBUTINALATED TO TILLITE.	(C)	VASCULAR	ACCIDEINT PIDYASCULAR NO 208. IF YES. WEF	NOT KNOWN
OTHER TO T DISEA OR CO OR CO	LEADING TO DEATH does not mean the mode of failure, asthenia, etc. It mean ar camplication which cause ANTECEDENT CAUSE USES OR CONDITIONS, if the above cause (A) RICHING CONDITION lost, R SIGNIFICANT CONDITIONS THE DEATH BUT NOT REL SEE DR CONDITION CAUSING ATE OF OPERATION 198. CO	of dying, e.g., as the disease of death.) any, giving the disease of death.) CONTRIBUTION FOR THE CONTRIBUTION F	(B) DUE TO (C) (G) (G) (G) (HE PRTERIOSCI WHICH OPERATION B. PLACE OF INJURY (e.g., me, form, foctory, street, compared to the compared	L VASCULAR EROTIC CARI	PIDYASCULAR, NO) 20B. IF YES, WEF IN CERTIFYING	NOT KNOWN DISTINE NOT KNOW RE FINDINGS CONSIDERED
OTHER TO T DISEA OR CO OR CO	LEADING TO DEATH does not mean the mode of failure, astheria, etc. It mean ar camplicotian which cause ANTECEDENT CAUSE USES OR CONDITIONS, if to the above cause (A) ERLYING CONDITION lost. R SIGNIFICANT CONDITIONS THE DEATH BUT NOT REL USE DR CONDITION CAUSING ATE OF OPERATION ATE OF OPERATION OWAS PE COIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF Infoily medical examiner) ME (Month) (Doy) (Year UNTY)	af dying, e.g., as the disease ad death.) S any, giving the control of the cont	(B) DUE TO (C) (G) (G) (G) (HE PRTERIOSCI WHICH OPERATION B. PLACE OF INJURY (e.g., me, form, foctory, street, compared to the compared	20A. AUTOPSY? (Yes on NO.) 20A. AUTOPSY? (Yes on NO.) in or obout 21C. WHERE DI office bldg., INJURY OCCUI	PIDYASCULAR, NO) 20B. IF YES, WEF IN CERTIFYING	DISTRE NOT KNOWN RE FINDINGS CONSIDERED CAUSES OF DEATH?
OTHER TO I DISEA TO I	LEADING TO DEATH does not mean the mode of failure, astheria, etc. It mean ar camplicotian which cause ANTECEDENT CAUSE USES OR CONDITIONS, if to the above cause (A) ERLYING CONDITION lost. R SIGNIFICANT CONDITION STHE DEATH BUT NOT REL USE DR CONDITION CAUSING ATE OF OPERATION 198. CO WAS PE CCCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF Inotity medical examiner) ME (Month) (Doy) (Year UNITY) (We) last saw the decease aur and from the causes sta	and dying, e.g., as the disease of death.) ES any, giving saling the contribution for the c	(B) DUE TD (C) (C) (G) (G) (G) (G) (G) (G)	ERDTIC CARI 20A. AUTOPSY? (Yes on NO. in or obout) 21C. WHERE DI injury occur 21F. HOW DID 19/19/66 one	PIDYASCULAR, No. 20B. IF YES, WEF IN CERTIFYING (O (If in Boltin P. 19 65 to d that in (my) (our) couth.	DISTRE NOT KNOWN RE FINDINGS CONSIDERED CAUSES OF DEATH?





(ype or Print)	JACOB	ROSEM	2. DATE AN	19, 1966	1100
PLACE OF DEATH	IN BALTIMORE, MAR	ILAND	4. USUAL RESIDENCE (Where A. STATE B. COUN	e deceased lived. If	institution: residence before odm
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital or oddress or location)	r institution, give street	MARYLAND		RURAL and give township)
90	PALL A	MALL NURSING HOME	D. STREET ADDRESS (IF S	rurol, give location)	1-18
SEX 6.	RACE 7	WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 2 Months Doys Hours
OA. USUAL OCCUPA one during most of wor	ATION (Give kind of work 1 king life, even if refired)	OB, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or forei		12. CITIZEN OF WHAT COUNTRY?
SUNPAPERS 3. FATHER'S NAME		CARRIER	O'DESSA RUSSIA	AE	USA
SIDNEY RO.		of service) 1 6. SOCIAL SECURITY NO.	REBECCA	?	ADDRESS
NO		215-32-2007	MRS. GEORGE F	ISHER. 580	7 DALE ROAD
18. 3 5 0	XI	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE	-6	CTIV) , - , (OHISCI AND DEAL
LE (This daes nat heart failure, as injury ar campli	OR CONDITION DIRE ADING TO DEATH mean the made of otheria, etc. It means to call which caused of the	death.)	erkeusons J) (Sease	109
(This does not heart failure, as injury ar campli AN DISEASES OR rise to the UNDERLYING (OTHER SIGNIFIC TO THE DEA	ADING TO DEATH mean the made of other in, etc. It means to call the made of other in the made of other in the made of other in the means to call the means the means to call the means to call the means to call the means the	ny, giving slating the (C)	erkeusons J		104
(This does not heart failure, as injury ar campli AN DISEASES OR rise to the UNDERLYING OUT TO THE DEAD DISEASE OR CO	ADING TO DEATH mean the made of otheria, etc. It means to calian which caused of the control of the cause of the cause conditions, if a cause cause (A) condition last. It conditions control of the conditions conditions conditions causing it.	nyng, e.g., he disease, death.) (B) DUE TO ny, giving stating the (C) ONTRIBUTING ED TO THE) 208, IF YES, WER	
CONTRIBUTION LE (This does not heart failure, as injury or campli AN DISEASES OR rise to the UNDERLYING OF THE DEA DISEASE OR CO 21A. ACCIDENT OR CONTRIBUTION CONTRIBUTION	ADING TO DEATH mean the made of otheria, etc. It means to calian which caused of the cause of th	nyn, e.g., he disease, death.) (B) DUE TO ny, giving stating the (C) ONTRIBUTING ED TO THE STITION FOR WHICH OPERATION RMED 21B. PLACE OF INJURY (e.g.,) 208, IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED
CONTRIBUTION LE (This does not heart failure, as injury or campli AN DISEASES OR rise to the UNDERLYING OF THE DEAL DISEASE OR CO. 19 A. DATE OF O. 19 A. DATE OF O. ONTRIBUTION CONTRIBUTION CONTRIBUTION DEATH (notify m.) 21D. TIME (A)	ADING TO DEATH mean the made of otheria, etc. It means to calian which caused of the cause of th	only, e.g., he disease, death.) (B) DUE TO ny, giving stating the (C) ONTRIBUTING ED TO THE INTION FOR WHICH OPERATION RMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	ODE IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH? ore City, give exact location)
CONTINUE (APPROX.) 23C. PHYSICIAN:	ADING TO DEATH mean the made of thenia, etc. It means to call the made of the	DUE TO (B) DUE TO (B) DUE TO (B) DUE TO (C) (D) ONTRIBUTING ED TO THE INTION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (c.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Whork At Work attended the deceased fram ad above. (I) (We) (did) (did net)	20A. AUTOPSY? (Yes or No in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJ	208, IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
COLUMN AND DISEASES OR TISE 10 THE DEAL DISEASE OR COLUMN AND DISEASE OF INJURY (APPROX.) 22. I certify the that (I) (we) I a and haur and find and haur and	ADING TO DEATH mean the made of thenia, etc. It means to calian which caused of thenia, etc. It means to calian which caused of the then the cause (A) (CONDITIONS, if a above cause (A) (CONDITION last. II CANT CONDITIONS COLOTH BUT NOT RELATIONATION CAUSING IT. PERATION 198. CONDITION CAUSING IT. PERATION 198. CONDITION (AUSTOCIA) WAS UNDERLYING (CAUSE OF edical examiner) Wonth) (Doy) (Year) at (I) (this hospital) at (I) (this hospital) at (I) (this hospital) Out of the causes state	DUE TO (B) DUE TO (B) DUE TO (B) DUE TO (C) (D) ONTRIBUTING ED TO THE INTION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (c.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Whork At Work attended the deceased fram ad above. (I) (We) (did) (did net)	20A. AUTOPSY? (Yes or No in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY 19 6 and the view the bady ofter deoth. Rending Med. Director	OB. IF YES, WER IN CERTIFYING COUR? (If in Boltim URY OCCUR?	E FINDINGS CONSIDERED CAUSES OF DEATH? ore City, give exact location) 7/1 9 196 pinian death occurred on th

VS 150-REV. 1/1/65

LEVINSON & BROS INC., 6010 REISTERSTOWN

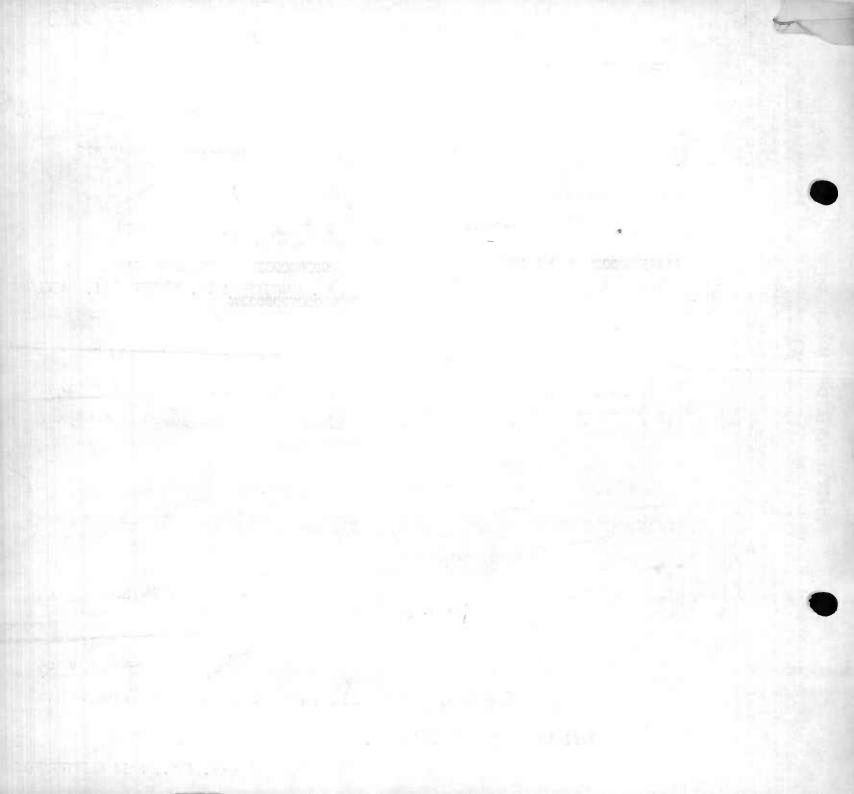
Bediever Disson 10 8 colock warmy con

IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65



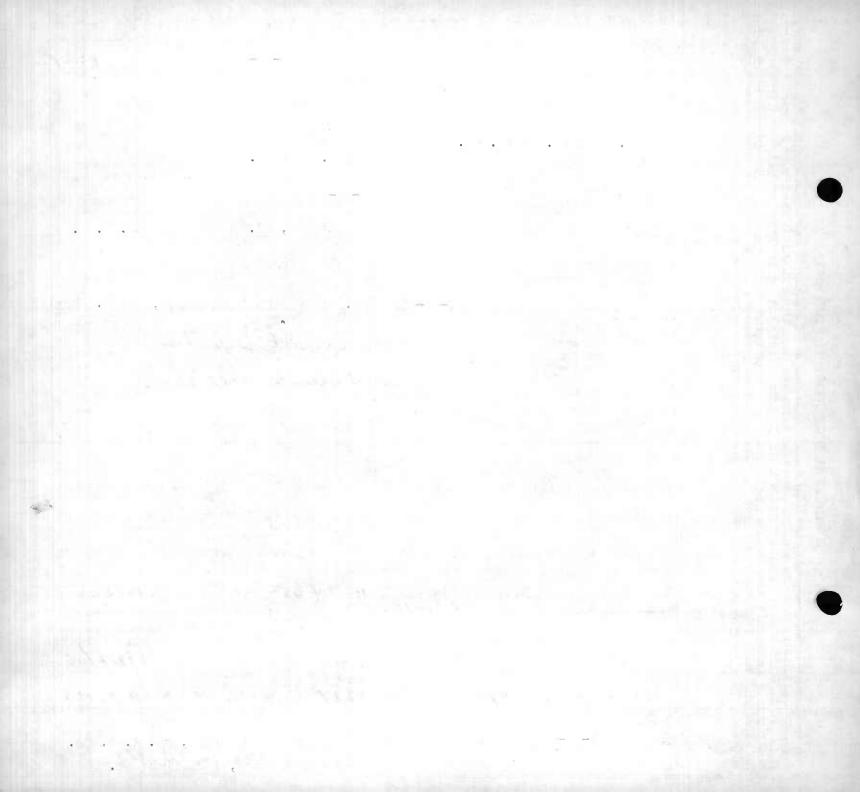
W. T. 1 AL ALL MAN

DIRECTOR:

FUNERAL

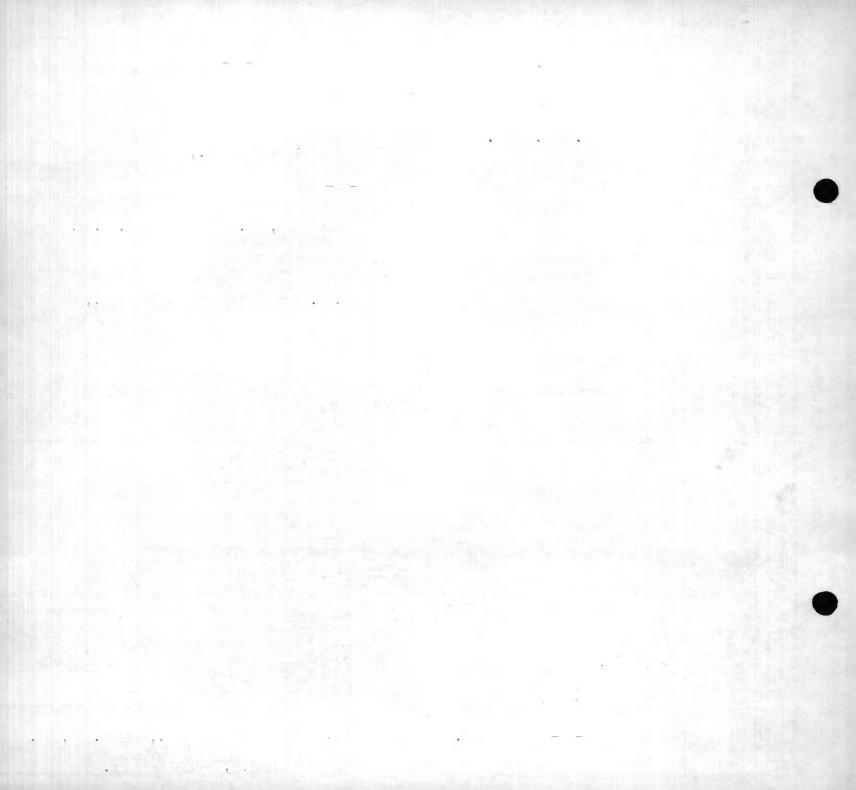
VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

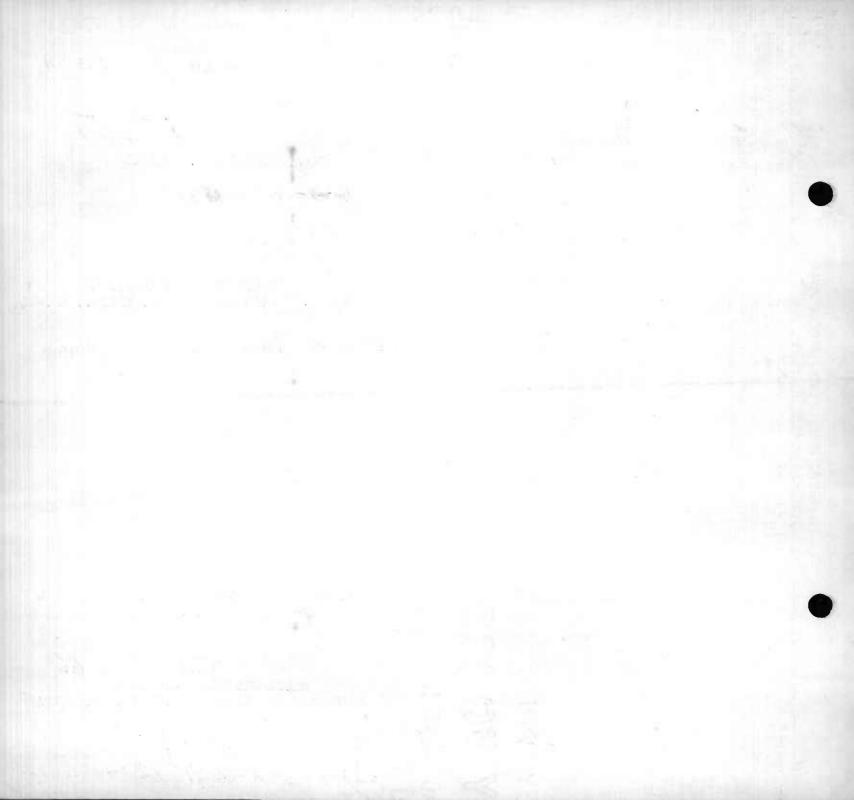


Such (1)

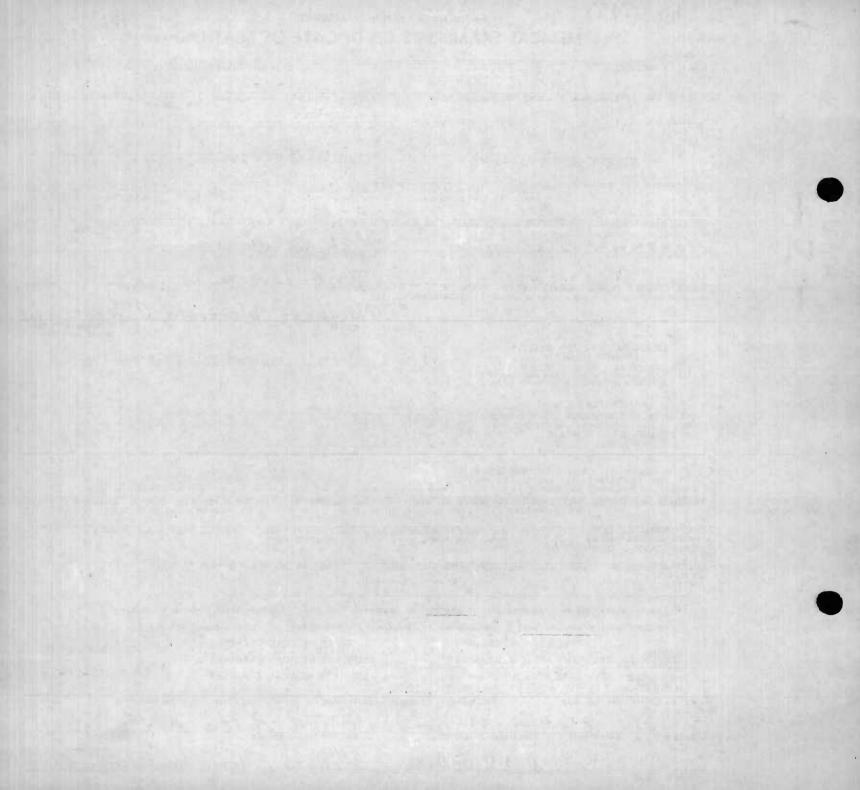
	OO OFIATO	BALTIMORE CITY	HEALTH DEPARTMENT		66 07453	
BIRTH NO.	66 07453	CERTIFICA	TE OF DEATH	Registered Na	. 00 07400	
M.E. CASE NO.			2. DATE A	ND HOUR OF DEAT	н	
Type or Print)		r (m)		7 20 66		
. PLACE OF DEATH IN	MARIE A. AI	ND	4. USUAL RESIDENCE (Wh		institution: residence before admissio	
			A, STATE B, COU	NTY		
FULL NAME OF HOSPITAL OR	(If not in hospital or inst address or location)	lilution, give streel	Maryland			
INSTITUTION			C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
South B	alto. Gen. Ho	osn. DOA	Baltimore D. STREET ADDRESS (f rurol, give location)		
166	arco och in	05p•	1441 Riversi			
97	0.5	ADDIED NEVER AS ADDIED				
SEX 6. RA	w	ARRIED, NEVER MARRIED IDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.	
		arried	6-30-1901	65		
DA, USUAL OCCUPATION one during most of working		KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?	
one doring most or working	, me, even a ventee,		Baltimore, N	Md .	U. S. A.	
FATHER'S NAME			14. MOTHER'S MAIDEN NA		0. D. A.	
	rd Shanahan					
			Pauline Mi	riter		
	in U. S. Armed Forces?	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
No			Geo. J. Alt	1441 River	rside Ave.,30	
1B. 1/201		CAUSE O			INTERVAL BETWEEN	
DISEASE OR	CONDITION DIRECTL	γ /		•	ONSET AND DEATH	
	ING TO DEATH	· · · Co	may sal	usin	minutes	
(This does not me	on the mode of dying	g, e.g., DUE TO)			
	nio, etc. It means the c					
	ion which coused death	1/2 st	in plestie	Cundio	12900	
ANTE	CEDENT CAUSES	DU TO	· lac A		1	
	ONDITIONS, if ony,		went, Br	seast_	120 - 1	
UNDERLYING CO	ove couse (A) slotin	ng Ihe (C)	1 pertense	74	1 8 Mars	
ONDERETHIO CO		,	4		10	
Z OTHER SIGNIFICAN	II IT CONDITIONS CONTR	RIBLITING A	D. 7000	Or As:	6 40011	
E TO THE DEATH	BUT NOT RELATED		en trones	los con	Jews	
19A. DATE OF OPER	ATION CAUSING IT.	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or h	No. 20B, IF YES. WED	E FINDINGS CONSIDERED	
19A. DATE OF OPER	WAS PERFORM		7,010131,1100 011		AUSES OF DEATH?	
21A. ACCIDENT W.	AS UNDERLYING	218. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Bottime	ore City, give exact location)	
OR CONTRIBUTING	CAUSE OF	home, form, foctory, street, of	fice bldg., INJURY OCCUR?	III III BOITING	ore only, give exoct locomon?	
)	ol exominer)	etc.)				
OF INTITION	th) (Doy) (Year) (Ho		21F. HOW DID IN	IJURY OCCUR?		
(APPROX.)		While At Work Not While At Work			/ /	
20 1	(1) (1) ()	110	110		1/2/11/11	
22. I certify that	(I) (this haspital) atte	ended the deceased from 9	4 X	19ta	1966	
that (I) (we) last	saw the deceased ali	ve an ////	19 and t	that In(my) (aur) a	pinian death occurred on the d	
and haur and from	the couses stated al	bove (We) (did) (did nat) v			1 1	
23A. SIGNATURE	1	11		•	23 B. DATE SIGNED	
1/1/1/1	1 1	ALAN M.D. Alle	ending Med.	Stoff	7/22/1/2/	
way	4 16	Phy	s. Director	Phy s.	1100160	
PAME (Type)	1	. 1	23D. ADDRESS	+	4	
NAL	ER KO	1 1 M.D.	102 6	FOR-T	AVE	
4A. BURIAL CREMATIC		24C. NAME of CEMETERY OF CRE	MATORY 24D.	LOCATION	City, town, or county) (Stole)	
REMOVAL (Specify						
Burial	7-25-66	Balto. National	Cemetery Fr	rederick Ave	Balto 29. Md.	
SA. DATE REC'D BY H	22 1956 1858	NAME OF REGISTRAR	25C. FUNERAL DIRECTO	R/hyn/	Temled ADDRESS	
AOL	ما المال المال	pert E. Sanbey M.A.	Flynn & Flem	ing, 1422 1	ight St.	
'S 150-REV. 1/1/65						



BIR	CC DDASA	TE OF DEATH Registered No.	66 07454
1,1	LE CASE NO. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
(Ту	ype or Print) Martha thomas	7-20-66	12:08 A.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, If in A. STATE B. COUNTY	nstitution: residence before admissio
	FULL NAME OF (If not in hospital or institution, give street	MARYLAND	
	HOSPITAL OR Oddress or locotion) BALTIMORE CITY HOSPITALS	C. CITY OR TOWN (If outside city limits, write	RURAL ond give ship)
2	4940 EASTERN AVENUE	BALT IMORE D. STREET ADDRESS (If rure), give tocation)	6-01
_	BALT IMORE, MARYLAND #21224		21216
5.	SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) SINGLE	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY one during most of working life, even if retired) Restaurant	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
3.	B. FATHER'S NAME	MARYLAND 14. MOTHER'S MAIDEN NAME	
34	/	7	
5.	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT BALT IMORE CITY	HOGDTIAPPESS
ľe	es, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	RECORDS: 4940 EASTERN A	VE. BALTO., MD.#24
	1/0/	OF DEATH	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	etasfatic Breast Ca	4 years
	(This does not mean the mode of dying, e.g., heart laiture, osthenia, etc. It means the disease,		
	injury or complication which caused death.)		
	ANTECEDENT CAUSES (B) DUE TO		
	DISEASES OR CONDITIONS, it any, giving rise to the obove couse (A) stating the (C)		
	UNDERLYING CONDITION lost.		000 mm 0 000 000 000 0 000 000 000 000
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
CERTIFIC	WAS PERFORMED	YES IN CERTIFYING CA	USES OF DEATH?
CALCI	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	in or about 21 C. WHERE DID (If in Boltimor ffice bldg., INJURY OCCUR?	e City, give exact location)
MEDIC		21F. HOW DID INJURY OCCUR?	
2	(APPROX.) While At Work At Work		
	22. I certify that (1) (this hospital) attended the deceased fram		-20 1966
	that M(we) last saw the deceased alive an 7-20	19 66 and that In(my) (out) ap	
	and haur and from the causes stated above. (1) (We) (did) (did hat)		
	23A. SIGNATURE		23B. DATE SIGNED
	Nava Musheleval M.D. Ath	ending Med. Stoff Phys. Interv	17-20-66
		23D. ADDRESS BALTIMORE CITY HOS	
	DAVID J MISHELEVICH M.D.		IMORE, MD.#21224
24	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR		ity, town, or county) (Stoje)
25.	SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAL TOUR 22 1966	25C. FUNERAL DIRECTOR	ADDRESS
5	5 150-REV. 1/1/65	Thinks a. docks. I	1204 11. Conver
-			47



1.E. CASE NO.					
NAME OF D	ECEASED			2. DATE AND HO	OUR PRONOUNCED DEAD
ype or Print)	HELE	en e	HUNT	7-19-66	1:40 P.
PLACE IN BA	LTIMORE, MARYLAND, W			4. USUAL RESIDENCE (Where deced	osed lived. If institution: residence before admission
				A. STATE Maryland	B. COUNTY
ULL NAME OF	ADDRESS OR LOCA	AL OR INSTITU	UTION, GIVE STREET		parate limits, write RURAL and give tawnship)
STITUTION				Do Italiana	16-01
9 - 0	DOUTERIM HOOD	rmAT r	104	Baltimore D. STREET ADDRESS (If rurol, give	[needies]
A PI	ROVIDENT HOSPI	LIAL - L	JOA		
				940 Harlem Avenu	
SEX	6. RACE		DIVORCED(specify)	B. DATE OF BIRTH	D. AGE (In years If Under 1 Yr. If Under 24 H Months, Doys, Hours, Min
Female	Colored			10-22-84	82
	CUPATION (Give kind of wor	108 KIND O	F BUSINESS OR INDUSTR		
	of working life, even if retired)	10000		Right	WHAT COUNTRY?
FATHER'S NA	AME			14. MOTHER'S MAIDEN NAME	rac
	711			1	
	Unkno		10.4 00.01	Unknows	7
	SED EVER IN U.S. ARMED		16, SO CIAL SECURITY NO.	17. INFORMANT	ADDRESS 1, 9 71
				Margaret Wa	ofield-Carrollton
118.	7 1		CALLS	E OF DEATH	INTERVAL BETWEE
	R=2./ 1		CAUS	L OF BEATH	ONSET AND DEAT
DISE	ASE OR CONDITION DI	RECTLY			
(This does	LEADING TO DEATH		(A) Arter	iosclerotic cardiova	ascular disease
heart failu	s not meon the mode of				
	re, asthenia, etc. It means	the disease,	DUE TO		
injury or c	re, asthenia, etc. It means complication which coused	the disease,	DUE TO		
injury or c	re, asthenia, etc. 11 means complication which coused	death.)	DUE TO		
injury or c	ANTECENDENT CAUSE	death.)	DUE TO		
DISEASES	ANTECENDENT CAUSE S OR CONDITIONS, IF A	the disease, death.) ES NY, GIVING	DUE TO		
DISEASES RISE TO T UNDERLY	ANTECENDENT CAUSE S OR CONDITIONS, IF A	the disease, death.) ES NY, GIVING	DUE TO		
DISEASES	ANTECENDENT CAUSE ANTECENDENT CAUSE S OR CONDITIONS, IF A THE ABOVE CAUSE (A) S (ING CONDITION LAST.	the disease, death.) ES NY, GIVING	(B)DUE TO		
DISEASES RISE TO T	ANTECENDENT CAUSE ANTECENDENT CAUSE OR CONDITIONS, IF A THE ASOVE CAUSE (A) S (ING CONDITION LAST.	e the disease, death.) ES NNY, GIVING TATING THE	(B)OUE TO		
DISEASES RISE TO T UNDERLY	ANTECENDENT CAUSE S OR CONDITIONS, IF A THE ABOVE CAUSE (A) S TING CONDITION LAST. II GNIFICANT CONDITIONS DEATH BUT NOT RE	es the disease, death.) ES NY, GIVING TATING THE CONTRIBUTI	(B)		
DISEASES RISE TO T UNDERLY	ANTECENDENT CAUSE ANTECENDENT CAUSE SOR CONDITIONS, IF A THE ABOVE CAUSE (A) S TING CONDITION LAST. III GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	contributi	(B)		
DISEASE RISE TO T UNDERLY OTHER SI TO THE DISEASE	ANTECENDENT CAUSE S OR CONDITIONS, IF A THE ABOVE CAUSE (A) S TING CONDITION LAST. II GNIFICANT CONDITIONS DEATH BUT NOT RE	CONTRIBUTILATED TO 13	(B)	20A. AUTOPSY? (Yes or No) 208.	IF YES, WERE FINDINGS CONSIDERED SERTIFYING CAUSES OF DEATH?
DISEASES RISE TO TUNDERLY OTHER SITO THE DISEASE 19A, DATE C	ANTECENDENT CAUSE ANTECENDENT CAUSE S OR CONDITIONS, IF A THE ABOVE CAUSE (A) S (ING CONDITION LAST. II GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING DF OPERATION 198, CON WAS PER	CONTRIBUTI LATED TO 13 1T. IDITION FOR	(B)	20A, AUTOPSY? (Yes ar Na) 208, No	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
DISEASES RISE TO TUNDERLY OTHER SI TO THE DISEASE 19A, DATE C	ANTECENDENT CAUSE ANTECENDENT CAUSE THE ASOVE CAUSE (A) S TING CONDITION LAST. II GNIFICANT CONDITION DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION 198, CON WAS PER	CONTRIBUTILATED TO 13 IT.	(B)	20A. AUTOPSY? (Yes ar Na) 208. IN C NO in or about 21 C. WHERE DID (If in	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
DISEASES RISE TO TUNDERLY OTHER SI TO THE DISEASE 19A, DATE C	ANTECENDENT CAUSE ANTECENDENT CAUSE S OR CONDITIONS, IF A THE ABOVE CAUSE (A) S (ING CONDITION LAST. II GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING DF OPERATION 198, CON WAS PER	CONTRIBUTILATED TO 13 IT.	(B)	20A, AUTOPSY? (Yes ar Na) 208, No	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
DISEASES RISE TO TUNDERLY OTHER SI TO THE DISEASE 19A. DATE CO UTING CA	ANTECENDENT CAUSE ANTECENDENT CAUSE ANTECENDENT CAUSE THE ASOVE CAUSE (A) S TING CONDITIONS, IF A TING CONDITION LAST. III GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION 198, CON WAS PER IAL CAUSE WAS GOR CONTRIB- LUSE OF DEATH.	CONTRIBUTI LATED TO 1 3 IT. IDITION FOR FORMED 21 B. home etc.)	MG THE WHICH OPERATION PLACE OF INJURY (e.g., form, factory, street,	20A. AUTOPSY? (Yes ar Na) 208. IN C NO in or about 21C. WHERE DID (If in office bidg., INJURY OCCUR?	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? Baltimare City, give exoct location)
OTHER SITO THE DISEASE 19A. DATE COUNTRY OF INJURY	ANTECENDENT CAUSE S OR CONDITIONS, IF A INE ABOVE CAUSE (A) S' ING CONDITION LAST. II GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSINO OF OPERATION 198, CON WAS PER IAL CAUSE WAS GOR CONTRIB-	CONTRIBUTI LATED TO 13 3 IT. DITTON FOR FORMED (Hour) (Hour)	OUE TO (B) DUE TO (C)	20A. AUTOPSY? (Yes ar Na) 208. IN C NO in or about 21C. WHERE DID (If in office bidg., NJURY OCCUR?	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? Baltimare City, give exoct location)
OTHER SITO THE DISEASE 19A. DATE COUNTY OF THE DISEASE 21A. EXTERN UNDERLYING UTING CA	ANTECENDENT CAUSE ANTECENDENT CAUSE ANTECENDENT CAUSE THE ASOVE CAUSE (A) S TING CONDITIONS, IF A TING CONDITION LAST. III GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION 198, CON WAS PER IAL CAUSE WAS GOR CONTRIB- LUSE OF DEATH.	CONTRIBUTI LATED TO	MICH OPERATION PLACE OF INJURY (e.g., form, factory, street, tell, injury occurred while at the notion of the not	20A. AUTOPSY? (Yes ar Na) 208. IN C NO in or about 21C. WHERE DID (If in office bidg., INJURY OCCUR?	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? Baltimare City, give exoct location)
DISEASE RISE TO T UNDERLY OTHER SI TO THE DISEASE 19A. DATE C UNDERLYING UND	ANTECENDENT CAUSE ANTECENDENT CAUSE S OR CONDITIONS, IF A THE ABOVE CAUSE (A) S TING CONDITION LAST. III GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION 198, CON WAS PER IAL CAUSE WAS GOR CONTRIB- AUSE OF DEATH. (Month) (Day) (Yeo	CONTRIBUTI LATED TO 1 3 IT. DITTON FOR FORMED (Hour) (Hour)	MICH OPERATION PLACE OF INJURY (e.g., form, factory, street, other injury) PLE. INJURY OCCURRED WHILE AT NOT NORK	20A. AUTOPSY? (Yes ar Na) 208. IN C NO in or about 21C. WHERE DID (If in office bidg., INJURY OCCUR? 21F. HOW DID INJURY C	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? Baltimare City, give exoct location)
DISEASE RISE TO T UNDERLY OTHER SI TO THE DISEASE 19A. DATE C UNDERLYING UND	ANTECENDENT CAUSE ANTECENDENT CAUSE ANTECENDENT CAUSE THE ASOVE CAUSE (A) S TING CONDITIONS, IF A TING CONDITION LAST. III GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION 198, CON WAS PER IAL CAUSE WAS GOR CONTRIB- LUSE OF DEATH.	CONTRIBUTI LATED TO 1 3 IT. DITTON FOR FORMED (Hour) (Hour)	OUE TO (B) DUE TO (C) NG THE WHICH OPERATION PLACE OF INJURY (e.g., form, factory, street, very large of the control of	20A. AUTOPSY? (Yes ar Na) 208. IN C NO in or about 21C. WHERE DID (If in office bidg., INJURY OCCUR? 21F. HOW DID INJURY C	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? Baltimare City, give exoct location)
DISEASES RISE TO T UNDERLY OTHER SI TO THE DISEASE 19A, DATE C UNDERLYING UNDERLYING UNDERLYING UTING CA 21A EXTERN UNDERLYING UTING CA 21D TIME OF INJURY (APPROX.)	ANTECENDENT CAUSE ANTECENDENT CAUSE S OR CONDITIONS, IF A THE ABOVE CAUSE (A) S TING CONDITION LAST. III GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION 198, CON WAS PER IAL CAUSE WAS GOR CONTRIB- AUSE OF DEATH. (Month) (Day) (Yeo	CONTRIBUTI LATED TO 13 3 IT. DITTON FOR FORMED (Hour) (Hour)	MICH OPERATION PLACE OF INJURY (e.g., form, factory, street, other injury) PLE. INJURY OCCURRED WHILE AT NOT NORK	20A, AUTOPSY? (Yes ar Na) 208, IN C NO in or about 21C, WHERE DID (If in office bldg, INJURY OCCUR? 21F. HOW DID INJURY C	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? Baltimare City, give exoct location) OCCUR?
DISEASES RISE TO T UNDERLY OTHER SI TO THE DISEASE 19A, DATE C UNDERLYING UNDERLYING UNDERLYING UTING CA 21A EXTERN UNDERLYING UTING CA 21D TIME OF INJURY (APPROX.)	ANTECENDENT CAUSE ANTECENDENT CAUSE S OR CONDITIONS, IF A THE ABOVE CAUSE (A) S (ING CONDITION LAST. III GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION 198. CON WAS PER IAL CAUSE WAS 3 OR CONTRIB- LUSE OF DEATH. (Month) (Day) (Yea	CONTRIBUTI LATED TO 13 3 IT. DITTON FOR FORMED (Hour) (Hour)	OUE TO (B) DUE TO (C)	20A. AUTOPSY? (Yes at Na) 208. IN C NO in or about 21C. WHERE DID (If in office bidg., INJURY OCCUR? 21F. HOW DID INJURY C WHILE VORK topsy ond that on this ba	IF YES, WERE FINDINGS CONSIDERED SERTIFYING CAUSES OF DEATH? Baltimare City, give exoct location) DCCUR?
DISEASE RISE TO T UNDERLY OTHER SI TO THE DISEASE 19A, DATE C UNDERLYING UNDERLYING UNDERLYING UNDERLYING UTING CA 21D TIME OF INJURY (APPROX.) 22. I ce	ANTECENDENT CAUSE ANTECENDENT CAUSE S OR CONDITIONS, IF A THE ABOVE CAUSE (A) S (ING CONDITION LAST. III GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION IPB. CON WAS PER IAL CAUSE WAS 3 OR CONTRIB- LUSE OF DEATH. (Month) (Day) (Yea ertify that I held on I ulted from: Natural ca	CONTRIBUTI LATED TO 13 3 IT. DITTON FOR FORMED (Hour) (Hour)	WHICH OPERATION PLACE OF INJURY (e.g., form, factory, street, while at a large of the large of	20A. AUTOPSY? (Yes at Na) 20B. IN C IN or about 21C. WHERE DID (If in office bidg., INJURY OCCUR? 21F. HOW DID INJURY C WHILE	IF YES, WERE FINDINGS CONSIDERED SERRIFYING CAUSES OF DEATH? Baltimare City, give exoct location) DCCUR? USIS, deoth In my opinion termined monner NER DATE SIGNED
DISEASES RISE TO T UNDERLY OTHER SI TO THE DISEASE 19A, DATE C UNDERLYING UNDERLYING UNDERLYING UNDERLYING UNDERLYING 21A, EXTERN UNDERLYING UNDERLYING CAPPROX.) 22. I ce res	ANTECENDENT CAUSE ANTECENDENT CAUSE S OR CONDITIONS, IF A THE ABOVE CAUSE (A) S (ING CONDITION LAST. III GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION IPB. CON WAS PER IAL CAUSE WAS 3 OR CONTRIB- LUSE OF DEATH. (Month) (Day) (Yea ertify that I held on I ulted from: Natural ca	CONTRIBUTI LATED TO 13 3 IT. DITTON FOR FORMED (Hour) (Hour)	WHICH OPERATION PLACE OF INJURY (e.g., form, factory, street, while at a large of the large of	20A, AUTOPSY? (Yes ar Na) 208, IN C NO in or about 21C, WHERE DID (If in office bidg, INJURY OCCUR? 21F, HOW DID INJURY C WHILE VORK topsy ond that on this ba de Hamicide Unde CHIEF MEDICAL EXAMI	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? Baltimare City, give exoct location) OCCUR? USIS, deoth In my opinion termined monner NER DATE SIGNED NER TO OCCURE
OTHER SI TO THE DISEASE TO TO THE DISEASE TO TO THE DISEASE TO TO THE DISEASE TO	ANTECENDENT CAUSE ANTECENDENT CAUSE SOR CONDITIONS, IS THE ASOVE CAUSE (A) S (ING CONDITION LAST. III GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION 198, CON WAS PER IAL CAUSE WAS GOR CONTRIB- LUSE OF DEATH. (Month) (Day) (Yea AL LTURE INER'S	CONTRIBUTILATED TO 13 IT. IDITION FOR FORMED IN (Hour) USES ANY, GIVING THE CONTRIBUTILATED TO 13 IT. IDITION FOR FORMED IN (Hour) USES X	DUE TO (B) DUE TO (C)	20A. AUTOPSY? (Yes at Na) 20B. IN C IN or about 21C. WHERE DID (If in office bidg., INJURY OCCUR? 21F. HOW DID INJURY C WHILE	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? Baltimare City, give exoct location) OCCUR? Isis, deoth In my opinion termined monner NER DATE SIGNED NER TO O OCCURE
DISEASES RISE TO TUNDERLY OTHER SI TO THE DISEASE 19A. DATE COUNTY (APPROX.) 21.D TIME OF INJURY (APPROX.) 22. I ce res ACTU. SIGNA EXAMINAME	ANTECENDENT CAUSE ANTECENDENT CAUSE ANTECENDENT CAUSE SOR CONDITIONS, ISA THE ASOVE CAUSE (A) S (ING CONDITION LAST. III GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION 198, CON WAS PER IAL CAUSE WAS GOOR CONTRIB- LUSE OF DEATH. (Month) (Day) (Yea Pertify that I held on I ulted from: Natural cause AL TURE INER'S (Type) RUDIGE	CONTRIBUTILLATED TO 13 IT. IDITION FOR FORMED PROPERTY OF THE PROPERTY OF TH	DUE TO (B) DUE TO (C)	20A. AUTOPSY? (Yes or No.) 208. NO in or about 21C. WHERE DID (If in office bidg., INJURY OCCUR? 21F. HOW DID INJURY CONTROLOGY Atopsy ond that on this base Hamicide Under CHIEF MEDICAL EXAMI ASSOCIATE MEDICAL EXAMI	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? Baltimare City, give exact location) OCCUR? Isis, death In my opinion termined manner NER DATE SIGNED NER 1 7-20-66
DISEASES RISE TO TUNDERLY OTHER SITO THE DISEASE 19A. DATE CO 21A, EXTERN UNDERLYING STANAME ACTU. SIGNA EXAMM NAME 3A. BURIAL CI	ANTECENDENT CAUSE ANTECENDENT CAUSE S OR CONDITIONS, IF A THE ABOVE CAUSE (A) S (ING CONDITION LAST. III GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION 198, CON WAS PER IAL CAUSE WAS 3 DOR CONTRIB- LUSE OF DEATH. (Month) (Day) (Yea Pertify that I held on I ulted from: Natural cause AL TURE INER'S (Type) RUDIGE REMATION, 238, DATE	CONTRIBUTILLATED TO 13 IT. IDITION FOR FORMED PROPERTY OF THE PROPERTY OF TH	DUE TO (B) DUE TO (C)	20A. AUTOPSY? (Yes or No.) 208. NO in or about 21C. WHERE DID (If in office bidg., INJURY OCCUR? 21F. HOW DID INJURY CONTROLOGY Atopsy ond that on this base Hamicide Under CHIEF MEDICAL EXAMI ASSOCIATE MEDICAL EXAMI	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? Baltimare City, give exact location) DCCUR? Usis, death In my opinion termined monner NER NER DATE SIGNED NER 1 7-20-66
DISEASES RISE TO T UNDERLY OTHER SI TO THE DISEASE 19A. DATE C 19A. DATE C 21A. EXTERN UNDERLYING UTING CA 21D TIME OF INJURY (APPROX.) 22. I ce FOS ACTU. SIGNA EXAME NAME A. BURIAL CI EMOYAL (Spec	ANTECENDENT CAUSE ANTECENDENT CAUSE SOR CONDITIONS, IF A THE ABOVE CAUSE (A) S (ING CONDITION LAST. III GNIFICANT CONDITION S DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION 19R. CON WAS PER IAL CAUSE WAS 3 DOR CONTRIB- LUSE OF DEATH. (Month) (Day) (Yea Pertify that I held on I Ulted from: Natural cause AL TURE INER'S (Type) REMATION, 23B. DATE EINPICTURE INERMATION, 23B. DATE EINPICTURE INERMATION, 23B. DATE EINPICTURE INERMATION, 23B. DATE	CONTRIBUTILLATED TO 13 IT. IDITION FOR FORMED PROPERTY OF THE PROPERTY OF TH	DUE TO (B) DUE TO (C)	20A. AUTOPSY? (Yes or No.) 208. NO in or about 21C. WHERE DID (If in office bidg., INJURY OCCUR? 21F. HOW DID INJURY CONTROLOGY Atopsy ond that on this base Hamicide Under CHIEF MEDICAL EXAMI ASSOCIATE MEDICAL EXAMI	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? Baltimare City, give exact location) OCCUR? Isis, death In my opinion termined monner NER NER DATE SIGNED NER 1 7-20-66
DISEASES RISE TO T UNDERLY OTHER SI TO THE DISEASE 19A. DATE C 21A. EXTERN UNDERLYING UNDERLYING UTING CA 21D TIME OF INJURY (APPROX.) 22. I ce res ACTU. SIGNA EXAMI NAME 3A. BURIAL CI EMOYAL (Spec	ANTECENDENT CAUSE ANTECENDENT CAUSE SOR CONDITIONS, IF A THE ABOVE CAUSE (A) S (ING CONDITION LAST. III GNIFICANT CONDITION S DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION 19R. CON WAS PER IAL CAUSE WAS 3 DOR CONTRIB- LUSE OF DEATH. (Month) (Day) (Yea Pertify that I held on I Ulted from: Natural cause AL TURE INER'S (Type) REMATION, 23B. DATE EINPICTURE INERMATION, 23B. DATE EINPICTURE INERMATION, 23B. DATE EINPICTURE INERMATION, 23B. DATE	CONTRIBUTILATED TO 13 IT. CONTRIBUTILATED TO 13 IT. CONTRIBUTILATED TO 15	DUE TO (B) DUE TO (C)	20A. AUTOPSY? (Yes or No.) 208. NO in or about 21C. WHERE DID (If in office bidg., INJURY OCCUR? 21F. HOW DID INJURY CONTROLOGY Atopsy ond that on this base Hamicide Under CHIEF MEDICAL EXAMI ASSOCIATE MEDICAL EXAMI	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? Baltimare City, give exact location) OCCUR? Isis, deoth In my opinion termined monner NER NER DATE SIGNED NER 1 1 1 2 2 0 6 6



j j j

nnEu neigh

t

X3.7

Jen J. Every J. Letter . S.

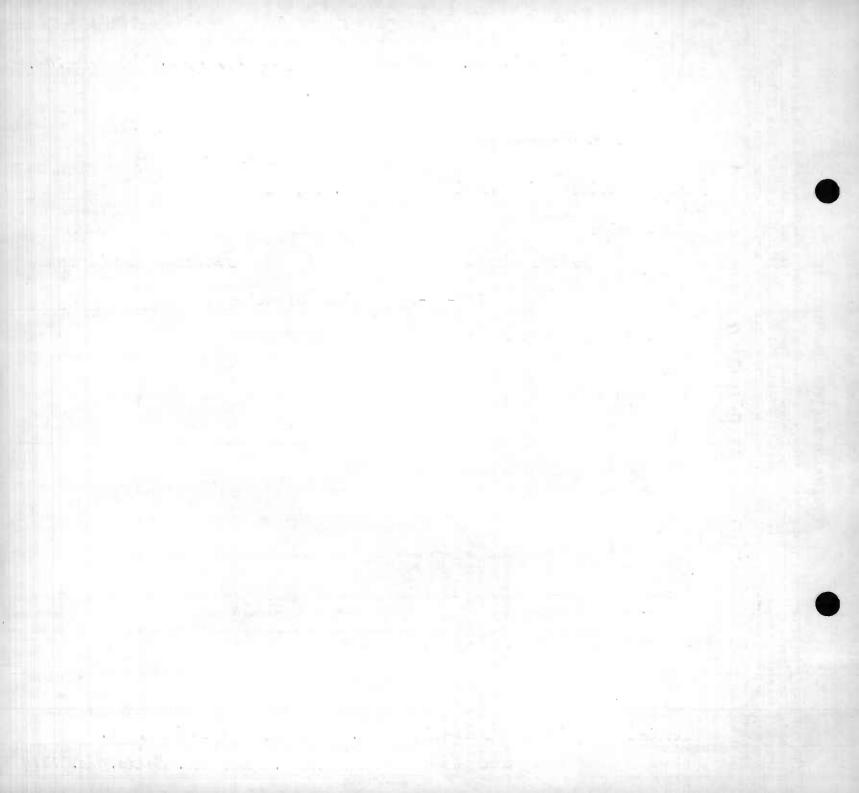
THE THOUGHT IN THE TALL IN THE TALL IN THE TALL

7- 112

FUNERAL DIRECTOR:

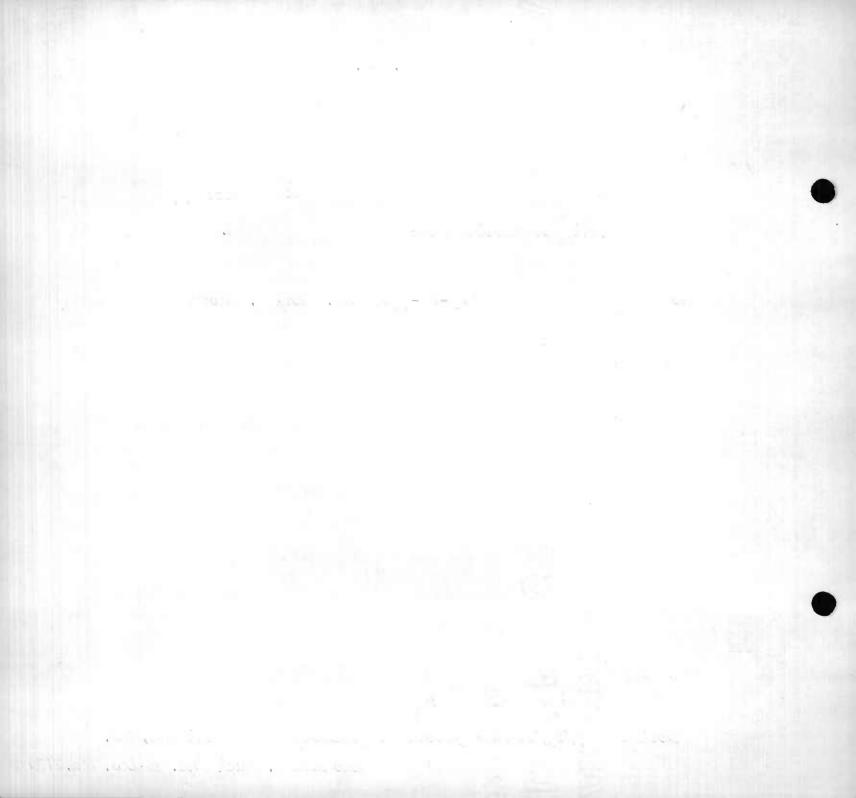
VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



DIRECTOR:

FUNERAL

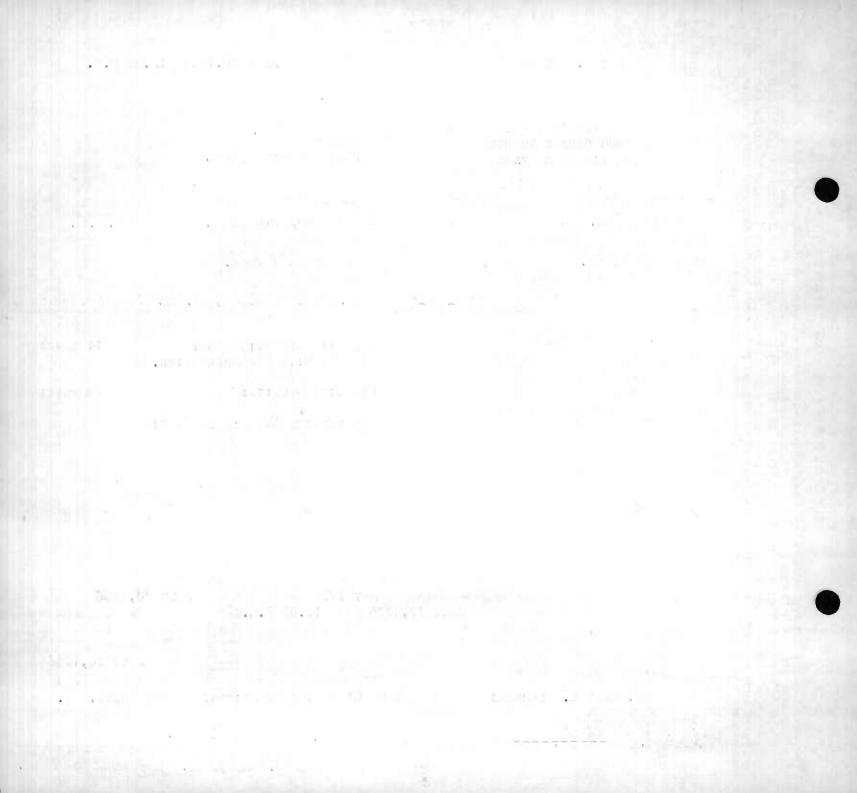


36	0'	74	16	(1.	

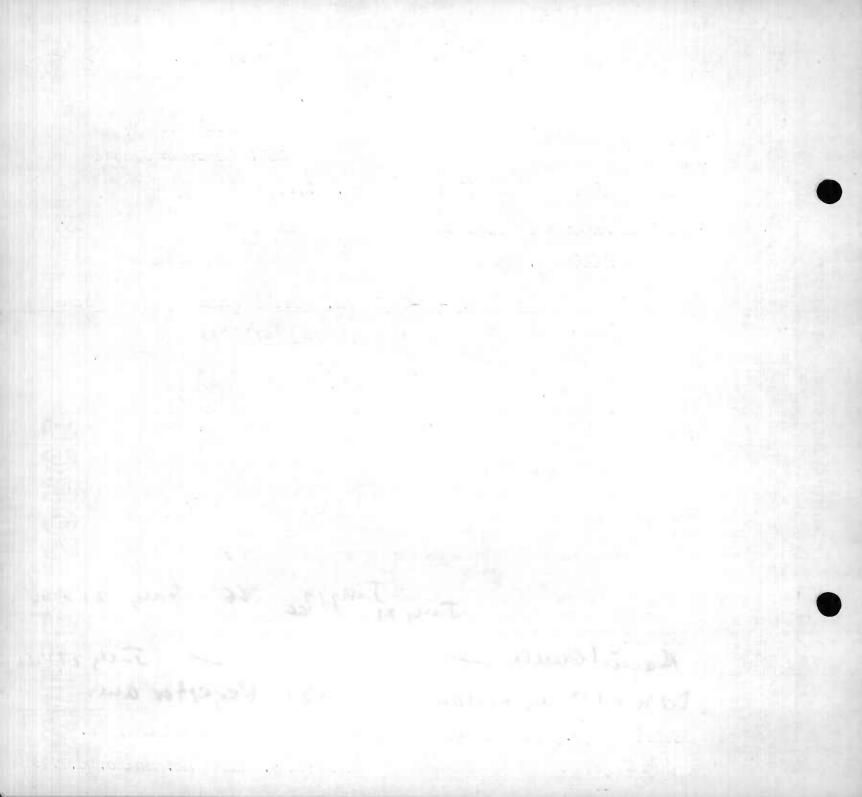
BALTIMORE CITY HEALTH DEPARTMENT

M.E. CASE NO. 1. NAME OF DECEASED	CERTITION	2. DATE AND HOUR OF DEATH			
Type or Print) MARY D. WILSON		JULY 20,1966 12	45 P.M. M		
B. PLACE OF DEATH IN BALTIMORE, MARYLA	ND	A. STATE B. COUNTY	ution: residence before odmission)		
FULL NAME OF (If not in hospital or ins HOSPITAL OR oddress or location) INSTITUTION	titution, give street	C. CITY OR TOWN (If outside city limits, write RUR	(AL and give township)		
ANDERSON'S NUR	SING HOME	Baltimore.			
GO 3604 MOHAWK AV	ENUE	D. STREET ADDRESS (If rurol, give location)			
BALTIMORE MARY		3604 Mohawk Ave.			
	ARRIED, NEVER MARRIED (specify) Midowed, DIVORCED (specify) Midowed KIND OF BUSINESS OR INDUSTRY	9/23/1887 lost birthdoys 78	f Under 1 Yr. If Under 24 Hrs. Annths Doys Hours Min. 2. CITIZEN OF WHAT COUNTRY?		
John Drimmie.		14. MOTHER'S MAIDEN NAME Helen Mitchel.			
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown (If yes, give wor or dates of	Service) 16. SOCIAL SECURITY NO.	Mr. Hugh Wilson, Jr. Rt. #	ADDRESS		
18,	220-40-2294 CAUSE O		INTERVAL BETWEEN		
DISEASE OR CONDITION DIRECTL		PULAIN	ONSET AND DEATH		
LEADING TO DEATH		ARTERIO SCLEROTIC HEART	11 YEARS		
(This does not mean the made of dyin heart failure, asthenia, etc. It means the injury or camplication which coused deat	disease,	DISEASE WITH DECOMPENSATION.			
ANTECEDENT CAUSES		DIABETES MELLITUS	10 YEARS		
DISEASES OR CONDITIONS, if any, rise to the above cause (A) state UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	ng lhe (C)	GENERALIZED ARTERIO SCLEROSI	s		
	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FIN IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID (If in Boltimore C	ity, give exact location)		
21D. TIME (Month) (Doy) (Yeor) (Ho OF INJURY (APPROX.)	While At Not While Work At Work				
22. I certify that (I) (this hospital) ott	ended the deceosed from	MAY 1950 19 to JULY	20,1966 19		
that (1) (we) lost sow the deceased of	ve on JULY 19,196	61912.45onP Main(my) (our) apinio			
and hour and from the couses stated a	bove. (1) (We) (did) (did not) v				
23A. SIGNATURE	AAD AN		B. DATE SIGNED		
23C. PHYSICIAN'S NAME (Type)	rruight _	Med. Stoff Phys. 23D. ADDRESS	JULY 20,1966		
DR. EARL L. CHAM	BERS M.D.	4108 LIBERTY HEIGHTS AVENUE	E BALTO. MD.		
24A. BURIAL CREMATION, 24B. DATE 7/23/66	24C. NAME of CEMETERY OF CRI	0 1	town, or county) (Stote)		
	NAME OF REGISTRAR	th (em. Baltimore. 250. FUNERAL DIRECTOR Leonard J. Ruck, inc. 530	ADDRESS Handand Rd		
201 60 1200 (C)	+ E. Facheuma	4eonara y. Nuck, Line. 530) Haryona Ma.		

VS 150-REV. 1/1/65



BETH NO. 66 U7461	BALTIMORE CITY	HEALTH DEPARTMENT		66 07461
BIRTH NO. M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No	00 07401
1. NAME OF DECEASED (Type or Print) WALTER L.	AYRES	2. DATE A	121/ 66	1235
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	<i>y</i>	4. USUAL RESIDENCE (WA	ere deceased lived. If ins	titution: residence before admission)
FULL NAME OF (If not in hospital or institut	tion, give street	Md.		
HOSP)TAL OR oddress or location) INSTITUTION	160 -0	C. CITY OR TOWN (If o	otside city limits, write RI	URAL ond give to ynship)
MARCHIAND GENEROR	- HUSPITAL	D. STREET ADDRESS ()	Baltimore rural, give location)	#34 6 101
			1 Alvarado	Square
An / 1111 . , WIDS	RIED, NEVER MARRIED QWED, DIVORCED (specify)	B. DATE OF BIRTH Aug. 21, 1890	9. AGE (In years lost birthdoy) 75	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIN		11. BIRTHPLACE (Stote or for	eign country)	12, CITIZEN OF
done during most of working life, even if retired)		Marul		WHAT COUNTRY?
Retired Painter & De	econacei	14. MOTHER'S MAIDEN NA		1 431
William L. Ag	yres		Sarah We	266
5. Was Deceased Ever in U. S. Armed Farces? Yes, no or unknown) (If yes, give wor or dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	215-30-2032	Mrs. Jennie	Ayres	(Same)
18. 4443 X I	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	CEI	LEBRAL E	DEMA	ONSET AND DEATH
(This does not meen the made of dying,	(A)			· · · · · · · · · · · · · · · · · · ·
heart failure, asthenia, etc. It means the disc injury ar complication which caused death.)		Rusciero	Tec +	
ANTECEDENT CAUSES	(B)	spergers we	CAMONO	
DISEASES OR CONDITIONS, if ony, gi	iving	Asoular	OISEASE,	
rise to the above cause (A) stating UNDERLYING CONDITION lost.	the E	STOKES-AD	ATTS ACTACI	Gr
U			,	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO	UTING			
DISEASE OR CONDITION CAUSING IT.		TOO A ALIPE TOUR /V	a) 208 IF Wat	NEW CONCINE
198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	mce bldg., INJURY OCCUR?		
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
OF INJURY (APPROX.)	While At Not While Work At Work	е		
22. I certify that (I) (this hospital) attend		July 19	18 to 0 11	Us 21 1966
that (I) (we) lost sow the deceased alive	T	19 GC and t	hot in (my) (our) opin	ion death occurred on the date
ond hour and fram the couses stated above				
23A. SIGNATURE				23B. DATE SIGNED
David Church	M.D. Atte	ending Med. Director	Stoff Phys.	July 2/1966
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	Recorta	an.
24A. BURIAL CREMATION, 124B. DATE 124	C. NAME OF CEMETERY OF CR	EMATORY 24D.	OCATION (C)	town or country (5.
REMOVAL (Specify)			Rolting (City	none, Md. (State)
BURIAL //25/00 25A, DATE REC'D BY HEALTH DEPT. 25B, NA	Parkwood (eme	25C. FUNERAL DIRECTO		
1111 00 1000 0	2. Fabruma	Leonard a	Ruck Inc.	Balto Md. 21214
VS 150-REV. 1/1/65		Leonard J.		



and

death

IMPORTANT

FUNERAL DIRECTOR:

by

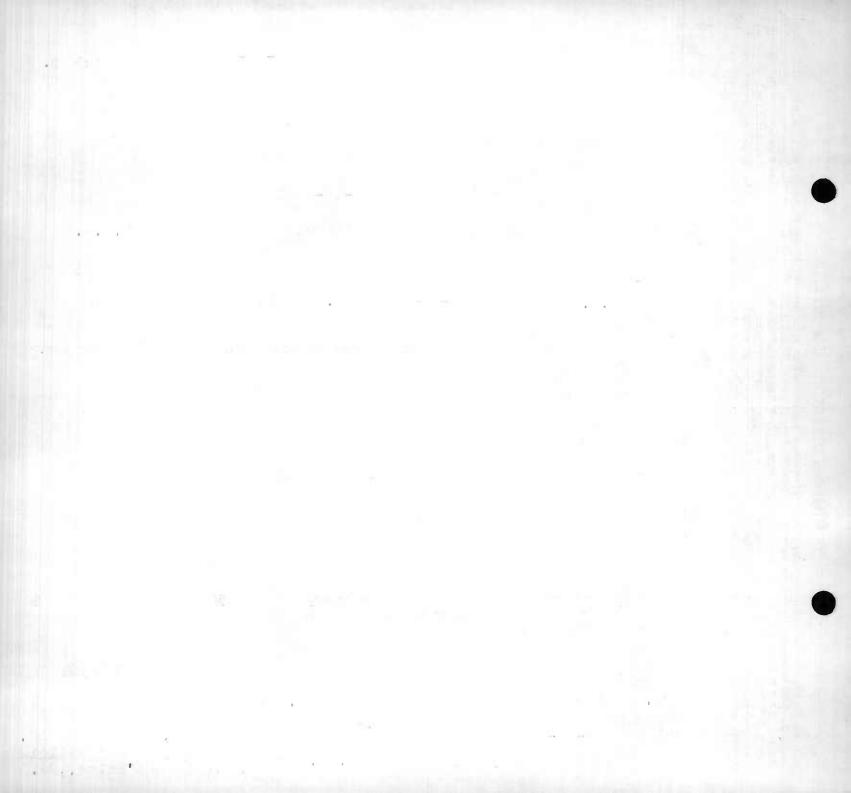
approved

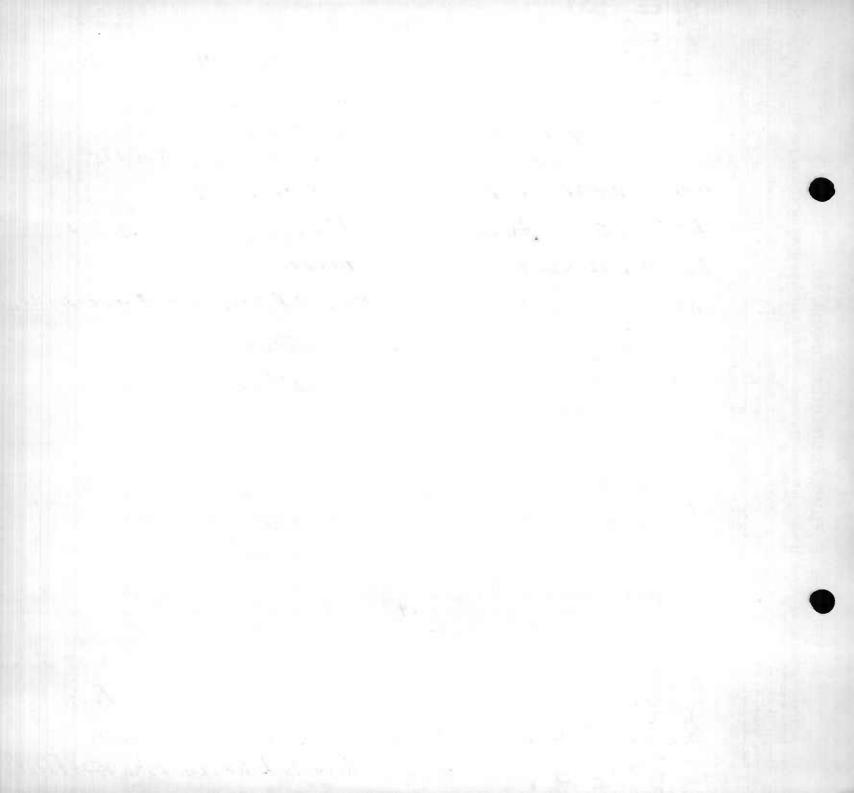
The state of the s

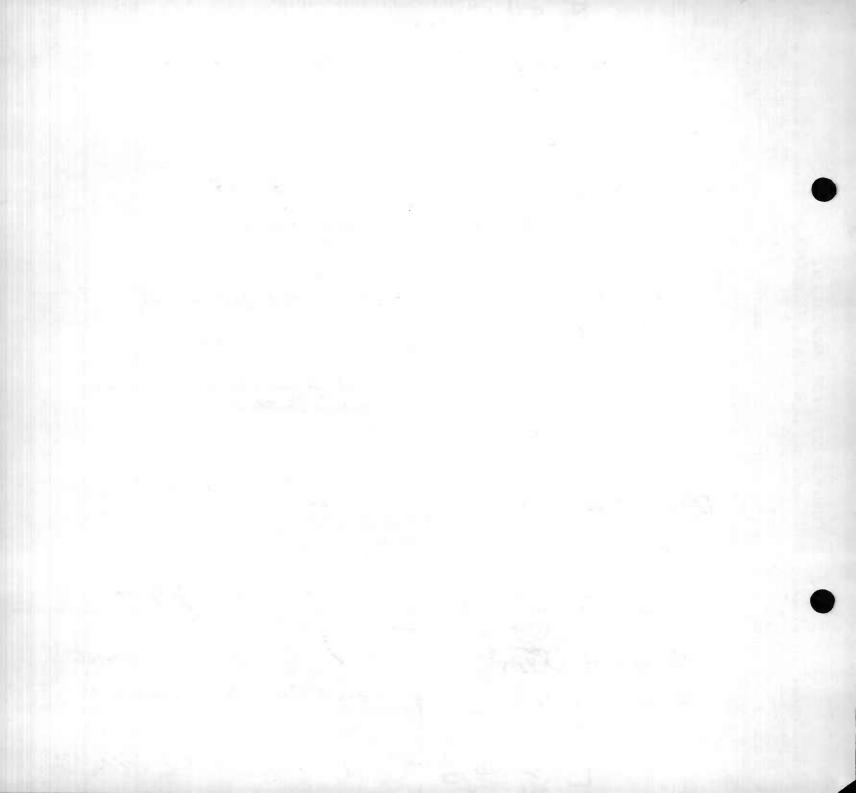
Type or Prin	F DECEASED Elm	er Cha	rles Cronin	2. DATE AN	-1966	9:30 p.
FULL NA HOSPITA INSTITUT	L OR oddress or location	or institution	, give street	Maryland C. CITY OR TOWN OF OUT	TY	institution: residence before admis
009	46 Argonne Dr	ive		Baltimore D. STREET ADDRESS (II) 946 Argonne	urol, give locotion) Drive	-01
SEX M	6. RACE	Mar	D, NEVER MARRIED ED, DIVORCED (specify)	8-19-1901	ost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours M
	most of working life, even if retired)		road	Illinois	gn country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER Del	nnis Cronin			14. MOTHER'S MAIDEN NAM	ΛE	
Yes, no or un	ceased Ever in U. S. Armed Fonknown) (If yes, give wor or dot	rces? es of service)		Mrs. Virgini	a Cronin	Same
18.	bisease or condition bi		CAUSE O	coronary occlus		interval between onset and death
DISEA	ANTECEDENT CAUSE SES OR CONDITIONS, if		DUE TO			
rise I UNDE	SES OR CONDITIONS, if to the obove couse (A) RLYING CONDITION lost.	ony, givin sloling Ih	DUE TO 9 e (C)			
OTHER TO T	SES OR CONDITIONS, if to the obove couse (A) RLYING CONDITION tost. II R SIGNIFICANT CONDITIONS HE DEATH BUT NOT REL SE OR CONDITION CAUSING ATE OF OPERATION [198. CO)	ony, givin slotling th	o (C) NG	- duodenal ulcer		E FINDINGS CONSIDERED AUSES OF DEATH?
OTHER TO T DISEA!	SES OR CONDITIONS, if to the obove couse (A) RLYING CONDITION tost. II R SIGNIFICANT CONDITIONS HE DEATH BUT NOT REL SE OR CONDITION CAUSING ATE OF OPERATION [198. CO)	ONY, givin sloling Ih	OUE TO G OCCUPANT OCCUP	- duodenal ulcer	208. IF YES, WERI	
OTHER TO T DISEASE OR CO OR CO DEATH	SES OR CONDITIONS, if to the obove couse (A) RLYING CONDITION tost. RIGHIFICANT CONDITIONS HE DEATH BUT NOT REL SE OR CONDITION CAUSING ATE OF OPERATION NAS PEI OCCIDENT WAS UNDERLYING NTRIBUTING CAUSE OF (notify medical examinet) ME (Month) (Doy) (Year URY	ONTRIBUTI ATED TO 1 1T, NOTITION FOR FORMED 2 (Hour) 21	OUE TO G C O O O O O O O O O O O O	- duodenal ulcer 20 A. AUTOPSY? (Yes or No n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	208, IF YES, WERIN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
OTHER TO	SES OR CONDITIONS, if to the obove couse (A) RLYING CONDITION tost. RIGNIFICANT CONDITIONS HE DEATH BUT NOT REL SE OR CONDITION CAUSING ATE OF OPERATION 198, COL WAS PEI CCIDENT WAS UNDERLYING INTRIBUTING CAUSE OF (notify medical examiner) ME (Month) (Day) (Year URY)XX.) Sertify that (1) (this haspite) (we) last saw the decease our and from the causes star	Ony, givin sloting Ih CONTRIBUTI ATED TO 1 IT. WITH TO TO 1 CONTRIBUTI ATED TO 1 TO T	OUE TO G C O O O O O O O O O O O O	- duodenal ulcer 20 A. AUTOPSY? (Yes or No n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR? 21 F. HOW DID INJURY February	208. IF YES, WERIN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exact location! July 20 19
PISSE IN UNDER TO THE T	SES OR CONDITIONS, if to the obove couse (A) RLYING CONDITION tost. RIGHIFICANT CONDITIONS HE DEATH BUT NOT REL SE OR CONDITION CAUSING ATE OF OPERATION 198. COI WAS PEI CCIDENT WAS UNDERLYING INTRIBUTING CAUSE OF (notify medical examines) ME (Month) (Day) (Year) URY (X) Pertify that (1) (this hospite)	Ony, givin sloting Ih CONTRIBUTI ATED TO 1 1.1. WINDITION FOR REPORMED (Hour) 21 V VI	OUE TO G G C C C C C C C C C C C	- duodenal ulcer 20 A. AUTOPSY? (Yes or No n or obout 21 C. WHERE DID ffice bidg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? 23 F. HOW DID INJURY OCCUR? Med. Director Med. Director	208. IF YES, WERIN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exoct locotion

VS 150-REV. 1/1/65

& Sons Co Balto., Md. H. W. Jenkins







DIRECTOR:

FUNERAL

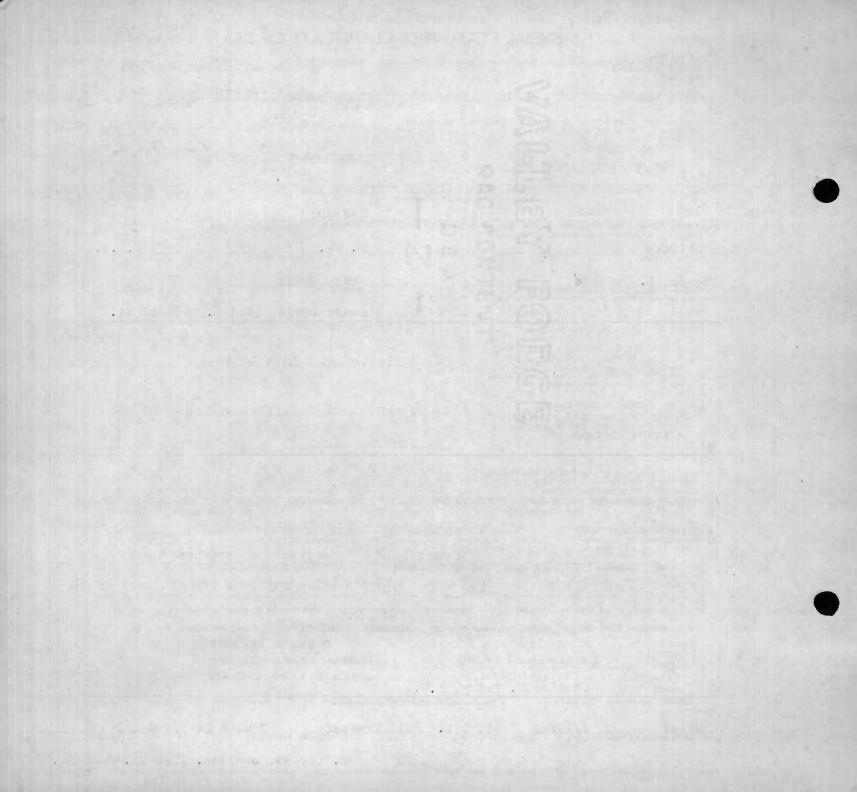
what brown it small Land Hall State Berral Cochequelle 125 Hair Hemerical Hosp. HAR Shelwood RH. D stinus M 50 86-02-5 Maryland business Charles trooph Mohr took 3 yran 3506 N.CALVERT ST, BALTIS WILLIAM PBENSON, JR.

66 07467

VS 151-REV. 1/1/65

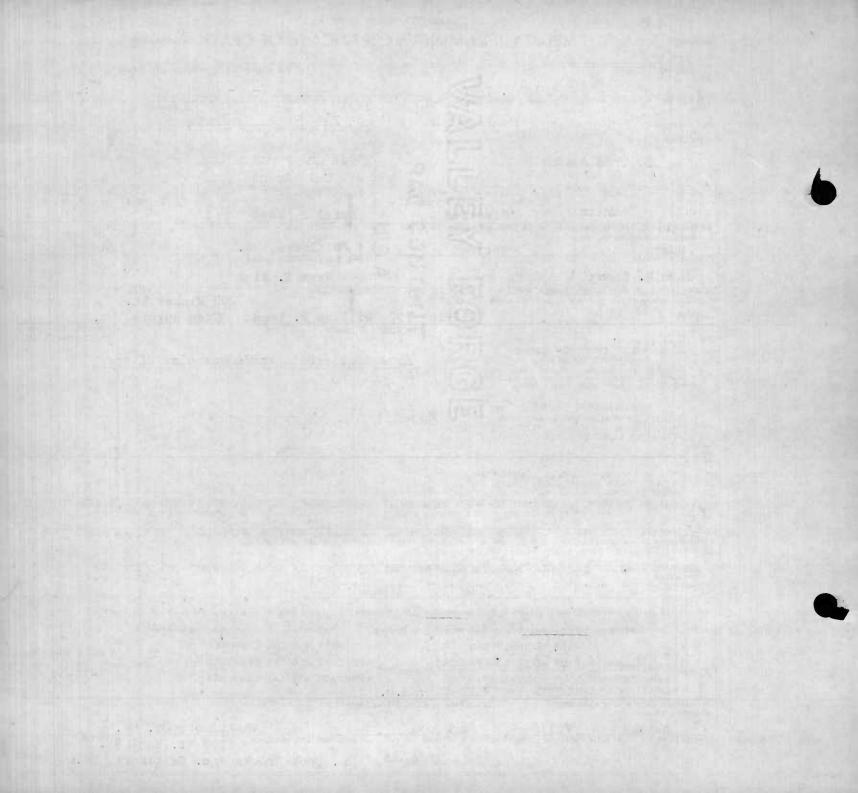
BALTIMORE CITY HEALTH DEPARTMENT

н но. МЕД	ICAL LA				
AAME OF DECEASED			O DATE AND	HOUR PRONOUNCE	ED DEAD
pe or Print)		DUGUDEN			DEAD
OPHA	ULEDS DRONG!	BUCKBEE	July	21, 1966	A M
LACE IN BALTIMORE, MARYLAND, W	WHERE PRONOU	NCED DEAD	A. STATE	B. COU	tution: residence before admission
L NAME OF (IF NOT IN HOSPIT ADDRESS OR LOC.	AL OR INSTITU	TION, GIVE STREET	Maryland c. CITY OR TOWN (If outside	corporate limits, write	RURAL and give township)
TUTION ADDRESS OF LOC.	A IION)		Baltimore		-100
0				- Share	
Maryland General	1 Hospit	al	D. STREET ADDRESS (If rurol,		
TV.			1623 N. Cal		
6. RACE		NEVER MARRIED IVORCED(specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months, Doys, Hours, Min.
Male White	Marri	ed	1/28/03	63	
USUAL OCCUPATION (Give kind of wor	k 108. KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired) Retired			W. Va.		U.S.A.
THER'S NAME			14. MOTHER'S MAIDEN NAME		0.0.11.
anual C. Bualabaa			Many Davida		
muel C. Buckbee		16. SO CIAL	Mary Davis		ADDRESS
no orunknown) (If yes, give wor or dot	es of service)	SECURITY NO.		00 17 6 1	
10		?	Louise Davis 16	23 N. Calve	
E950.X		CAUS	E OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION D	IRECTLY				
(This does not mean the mode of heart failure, osthenio, etc. It mean injury or complication which coused ANTECENDENT CAUS DISEASES OR CONDITIONS. IF A	ES		ectasis of Left Luruction of Traches		d Clot
	ES ANY, GIVING STATING THE	(B) Obst Due to (c) Trac	ruction of Traches	a with Bloom	
ANTECENDENT CAUS DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST.	ES ANY, GIVING STATING THE SCONTRIBUTING ELATED TO TH	(B) Obst DUE TO (C) Trac	ruction of Traches heostomy ry emphysema and A	a with Bloom	
ANTECENDENT CAUS DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST, II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSIN. 19A. DATE OF OPERATION 19B. CON	ES ANY, GIVING STATING THE CONTRIBUTING ELATED TO THE	(B) Obst DUE TO (C) Track Pulmona He Heart D	ruction of Traches heostomy ry emphysema and A isease.	a with Bloom	rotic
ANTECENDENT CAUS DISEASES OR CONDITIONS, IF, RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST, II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSINI 19A. DATE OF OPERATION 19B. CON WAS PER 11A) EXTERNAL CAUSE WAS	ES ANY, GIVING STATING THE CONTRIBUTING ELATED TO THE G IT. NOTION FOR Y RFORMED	(B) Obst. DUE TO (C) Trac. G Pulmona HE Heart D	ruction of Traches heostomy ry emphysema and A isease. 20A, AUTOPSY? (Yes of No) 2 Yes	a with Bloom Arterioscle OB. IF YES, WERE FIIN CERTIFYING CAUS	rotic NDINGS CONSIDERED SES OF DEATH? Yes
ANTECENDENT CAUSE DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST, II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING 9A. DATE OF OPERATION 19B, CON WAS PER TIAL EXTERNAL CAUSE WAS INDERLYING CONTRIB-	ES ANY, GIVING STATING THE CONTRIBUTING ELATED TO THE G IT. NOTION FOR Y RFORMED	(c) Trace (c) Trace (d) Pulmona (E) Heart D (HICH OPERATION (LACE OF INJURY (e.g., form, foctory, street,	ruction of Traches heostomy ry emphysema and A isease. 20A, AUTOPSY? (Yes or No) 2 Yes in or obout 21C, WHERE DID (III office bldg, INJURY OCCUR?	Arterioscle: OB. IF YES, WERE FII'N CERTIFYING CAUS	rotic NDINGS CONSIDERED SES OF DEATH? Yes
ANTECENDENT CAUS DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST, OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING PA. DATE OF OPERATION 198. COP WAS PEI TAL EXTERNAL CAUSE WAS NDERLYING TO CONTRIB-	ES ANY, GIVING STATING THE CONTRIBUTING ELATED TO THE G IT. NOTITION FOR V RFORMED 21B. F home, etc.)	(B) Obst. DUE TO (C) Trac. G Pulmona: HE Heart D: WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, Hospital	ruction of Traches heostomy ry emphysema and A isease. 20A. AUTOPSY? (Yes or No) 2 Yes in or obout 21C. WHERE DID (III) office bidg. INJURY OCCUR? Maryland Ger	Arterioscle: OB. IF YES, WERE FII' N CERTIFYING CAUS	rotic NDINGS CONSIDERED SES OF DEATH? Yes
ANTECENDENT CAUS DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST, OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING PA. DATE OF OPERATION 198, COF WAS PEI TALL CAUSE WAS NDERLYING CONTRIB- TING CAUSE OF DEATH. TO TIME (Month) (Doy) (Year OF INJURY	CONTRIBUTING STATING THE CONTRIBUTING STATING TO THE CONTRIBUTION STATING THE CONTRIBUTI	(B) Obst. DUE TO (C) Trac. G Pulmona: HE Heart D: WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, HOSPITAL E INJURY OCCURRED	ruction of Traches heostomy ry emphysema and A isease. 20A. AUTOPSY? (Yes or No) Yes in or obout 21C. WHERE DID (III) office bidg. INJURY OCCUR? Maryland Ger 21F. HOW DID INJURY	OB. IF YES, WERE FIN CERTIFYING CAUS	notic NDINGS CONSIDERED SES OF DEATH? Yes we exact location)
ANTECENDENT CAUSE DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) SUNDERLYING CONDITION LAST, OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSING TO THE DEATH CAUSE WAS DINGERLYING TO CAUSE OF DEATH. TO TIME (Month) (Doy) (Year APPROX.) 7 20 16	CONTRIBUTING STATING THE CONTRIBUTING STATING TO THE CONTRIBUTION STATING THE CONTRIBUTI	(B) Obst. DUE TO (C) Trac. G Pulmona: HE Heart D: WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, HOSPITAL E INJURY OCCURRED	ruction of Traches heostomy ry emphysema and A isease. 20A. AUTOPSY? (Yes or No) 2 Yes in or obout 21C. WHERE DID (III) office bidg. INJURY OCCUR? Maryland Ger	OB. IF YES, WERE FIN CERTIFYING CAUS	notic NDINGS CONSIDERED SES OF DEATH? Yes we exact location)
ANTECENDENT CAUSE DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) SUNDERLYING CONDITION LAST, OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSING TO THE DEATH CAUSE WAS DINGERLYING TO CAUSE OF DEATH. TO TIME (Month) (Doy) (Year APPROX.) 7 20 16	CONTRIBUTING THE CONTRIBUTION FOR VERTICAL FORMED CONTRIBUTION FOR VERTICAL CONTRIBUTION FOR VER	(B) Obst. DUE TO (C) Trac. G Pulmona: HE Heart D: WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, HOSPITAL E INJURY OCCURRED CHILE AT NOT NOT ORK	ruction of Traches heostomy ry emphysema and A isease. 20A. AUTOPSY? (Yes or No) 2 Yes in or obout 21C. WHERE DID (III) office bidg. INJURY occur? Maryland Ger 21F. How dd NJUI WHILE X Bleeding fr	OB. IF YES, WERE FIN CERTIFYING CAUS	rotic NDINGS CONSIDERED SES OF DEATH? Yes we exact location) tal stomy site.
ANTECENDENT CAUS DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST, OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING 9A. DATE OF OPERATION 198, CON WAS PEI TAL EXTERNAL CAUSE WAS INDERLYING COR CONTRIB- JUNG CAUSE OF DEATH. TO TIME (Month) (Doy) (Year OF INJURY APPROX.) 7 20 6	CONTRIBUTING THE CONTRIBUTION FOR VERTICAL FORMED CONTRIBUTION FOR VERTICAL CONTRIBUTION FOR VER	(B) Obst. DUE TO (C) Trac. G Pulmona: He Heart D: WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, Hospital E INJURY OCCURRED HILE AT NOTORK Inspection At W	ruction of Traches heostomy ry emphysema and A isease. 20A. AUTOPSY? (Yes or No) 2 Yes in or obout 21C. WHERE DID (III) office bidg. INJURY OCCUR? Maryland Ger 21F. How DID INJURY WHILE X Bleeding fr	Arterioscle OB. IF YES, WERE FIR N CERTIFYING CAUS In Boltimore City, gineral Hospi RY OCCUR? Com tracheo	rotic NDINGS CONSIDERED SES OF DEATH? Yes we exact location) tal stomy site.
ANTECENDENT CAUS DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST, OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING 9A. DATE OF OPERATION 19B. COP WAS PEI 21A EXTERNAL CAUSE WAS INDERLYING CAUSE OF DEATH. 21D TIME CAUSE OF DEATH. 21D TIME (Month) (Doy) (Year 22, 120 16	CONTRIBUTING THE CONTRIBUTION FOR VERTICAL FORMED CONTRIBUTION FOR VERTICAL CONTRIBUTION FOR VER	(B) Obst. DUE TO (C) Trac. G Pulmona: HE Heart D: WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, HOSPITAL E INJURY OCCURRED CHILE AT NOT NOT ORK	ruction of Traches heostomy ry emphysema and A isease. 20A, AUTOPSY? (Yes or No) 2 Yes in or obout 21C, WHERE DID (III) office bldg, INJURY OCCUR? Maryland Ger 21F, How DID INJUI WHILE X Bleeding fr what and that an this de Hamlcide U	Arterioscle OB. IF YES, WERE FIII N CERTIFYING CAUS In Boltimore City, giveral Hospi RY occurs Com tracheo basis, death in mandetermined manner	rotic NDINGS CONSIDERED SES OF DEATH? Yes we exact location) tal stomy site.
ANTECENDENT CAUS DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST, OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING 9A. DATE OF OPERATION 198, COF WAS PEI TIAL EXTERNAL CAUSE WAS INDERLYING CONTRIB- JING CAUSE OF DEATH. FILD TIME (Month) (Doy) (Yec SPEINJURY APPROX.) 7 20 16 1 Certify that I held an resulted fram: Natural cause ACTUAL	CONTRIBUTING THE CONTRIBUTING THE CONTRIBUTING THE CONTRIBUTION FOR VERTICAL CONTRIBUTION FOR VERTICAL CONTRIBUTION FOR VERTICAL CONTRIBUTION FOR VERTICAL CONTRIBUTION CONTRI	(B) Obst. DUE TO (C) Trac. (C) Trac. (C) Trac. (E) Pulmona. HE Heart D. (HILLE OF INJURY (e.g., form, foctory, street, form, foctory, form, foctory, street, form, foctory, form, foctory, street, form, foctory, form	ruction of Traches heostomy ry emphysema and A isease. 20A, AUTOPSY? (Yes or No) 2 Yes in or obout 21C, WHERE DID (III) office bidg, INJURY OCCUR? Maryland Ger 21F, How DID INJUI WHILE X Bleeding fr wrapsy x and that an this de Hamlcide UC CHIEF MEDICAL EXA	Arterioscle OB. IF YES, WERE FIII N CERTIFYING CAUS In Boltimore City, giveral Hospi RY OCCUR? Com tracheo basis, death in madetermined manner	rotic NDINGS CONSIDERED SES OF DEATH? Yes we exact location) tal stomy site.
ANTECENDENT CAUSE DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) SE UNDERLYING CONDITION LAST, OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 198. CON WAS PER 21A EXTERNAL CAUSE WAS UNDERLYING CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Year OF INJURY (APPROX.) 7 20 6 22. I certify that I held an resulted fram: Natural co	CONTRIBUTING THE CONTRIBUTING THE CONTRIBUTING THE CONTRIBUTION FOR VERTICAL CONTRIBUTION FOR VERTICAL CONTRIBUTION FOR VERTICAL CONTRIBUTION FOR VERTICAL CONTRIBUTION CONTRI	(B) Obst. DUE TO (C) Trac. (C) Trac. (C) Trac. (E) Pulmona. HE Heart D. (HILLE OF INJURY (e.g., form, foctory, street, form, foctory, form, foctory, street, form, foctory, form, foctory, street, form, foctory, form	ruction of Traches heostomy ry emphysema and A isease. 20A. AUTOPSY? (Yes or No) 2 Yes in or obout 21C. WHERE DID (III) office bidg., INJURY OCCUR? Maryland Ger 21F. HOW DID INJUI WHILE X Bleeding fr work WHILE X and that an this de Hamlcide U CHIEF MEDICAL EXA C. ASSISTANT MEDICAL EXA C. ASSISTANT MEDICAL EXA C.	OB. IF YES, WERE FIN CERTIFYING CAUSE In Boltimore City, givereal Hospi RY OCCUR? Com tracheo basis, death in mandetermined manner AMINER	notic NDINGS CONSIDERED SES OF DEATH? Yes We exact location) tal stomy site. By apinlon Per
ANTECENDENT CAUS DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) SUNDERLYING CONDITION LAST, OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSING 9A. DATE OF OPERATION 19B. CON WAS PEILD INDERLYING GOR CONTRIBUTING CAUSE OF DEATH. 21 D TIME (Month) (Doy) (Year Contributing Cause of Death. 22 I certify that I held an resulted fram: Natural cause of Death. ACTUAL SIGNATURE EXAMINER'S	CONTRIBUTING THE CONTRIBUTING THE CONTRIBUTING THE CONTRIBUTION FOR VERTICAL CONTRIBUTION FOR VERTICAL CONTRIBUTION FOR VERTICAL CONTRIBUTION FOR VERTICAL CONTRIBUTION CONTRI	(B) Obst. DUE TO (C) Trac. (C) Trac. (C) Trac. (C) Trac. (E) Pulmona: Heart D (HILLE OF INJURY (e.g., form, foctory, street, form, foctory, form, foctory, street, form, foctory, form,	ruction of Traches heostomy ry emphysema and A isease. 20A, AUTOPSY? (Yes or No) 2 Yes in or obout 21C, WHERE DID (III) office bidg, INJURY OCCUR? Maryland Ger 21F, How DID INJUI WHILE X Bleeding fr wrapsy x and that an this de Hamlcide UC CHIEF MEDICAL EXA	OB. IF YES, WERE FIN CERTIFYING CAUSE In Boltimore City, givereal Hospi RY OCCUR? Com tracheo basis, death in mandetermined manner AMINER	notic NDINGS CONSIDERED SES OF DEATH? Yes we exact location) tal Stomy site. DATE SIGNED
ANTECENDENT CAUSE DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) SUNDERLYING CONDITION LAST. III OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSIN (19A, DATE OF OPERATION (19B, COT) 21A) EXTERNAL CAUSE WAS PEIL (19B) EXTERNAL CAUSE WAS PEIL (19B) COT (19B) (1	CONTRIBUTING THE CONTRIBUTION FOR VELATED TO THE CONTRIBUTION FOR VERONMED 218. F home, etc.) 28. F home, etc.) 29. F home,	(B) Obst. DUE TO (C) Trac. (C) Trac. (C) Trac. (E) Pulmona. HE Heart D. (HILLE OF INJURY (e.g., form, foctory, street, form, foctory, form, foctory, street, form, foctory, form, foctory, street, form, foctory, form	ruction of Traches heostomy ry emphysema and A isease. 20A. AUTOPSY? (Yes or No) 2 Yes in or obout 21C. WHERE DID (III) office bidg., INJURY OCCUR? Maryland Ger 21F. HOW DID INJUI WHILE X Bleeding fr WORK Bleeding fr CHIEF MEDICAL EXA ASSISTANT MEDICAL EXA ASSOCIATE MEDICAL EXA	OB. IF YES, WERE FIN CERTIFYING CAUSE In Boltimore City, givereal Hospi RY OCCUR? COM tracheo Bossis, death in modetermined manner AMINER AMINER	rotic NDINGS CONSIDERED SES OF DEATH? Yes we exact location) tal stomy site. DATE SIGNED
ANTECENDENT CAUSE DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) SUNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONVEY 21A) EXTERNAL CAUSE WAS PEI 21A) EXTERNAL CAUSE WAS UNDERLYING CONTRIB- UNDERL	CONTRIBUTING THE CONTRIBUTING THE CONTRIBUTION FOR VERTICAL CONTRIBUTI	(B) Obst. DUE TO (C) Trac. G Pulmona: Heart D: WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, HOSPITAL E. INJURY OCCURRED WHILE AT ONT ORK Suicide Cident X Suicide Laty, M.D.	ruction of Traches heostomy ry emphysema and A isease. 20A, AUTOPSY? (Yes or No) 2 Yes in or obout 21C, WHERE DID (III) Office bidg, INJURY OCCUR? Maryland Ger 21F, How DID INJUI WHILE X Bleeding fr OTHER MEDICAL EXA ASSOCIATE MEDICAL EXA OT CREMATORY 23D, LO	OB. IF YES, WERE FIN CERTIFYING CAUSE In Boltimore City, givereal Hospi RY OCCUR? COM tracheo Bossis, death in modetermined manner AMINER AMINER	notic NDINGS CONSIDERED SES OF DEATH? Yes We exact location) tal stomy site. The property of the property

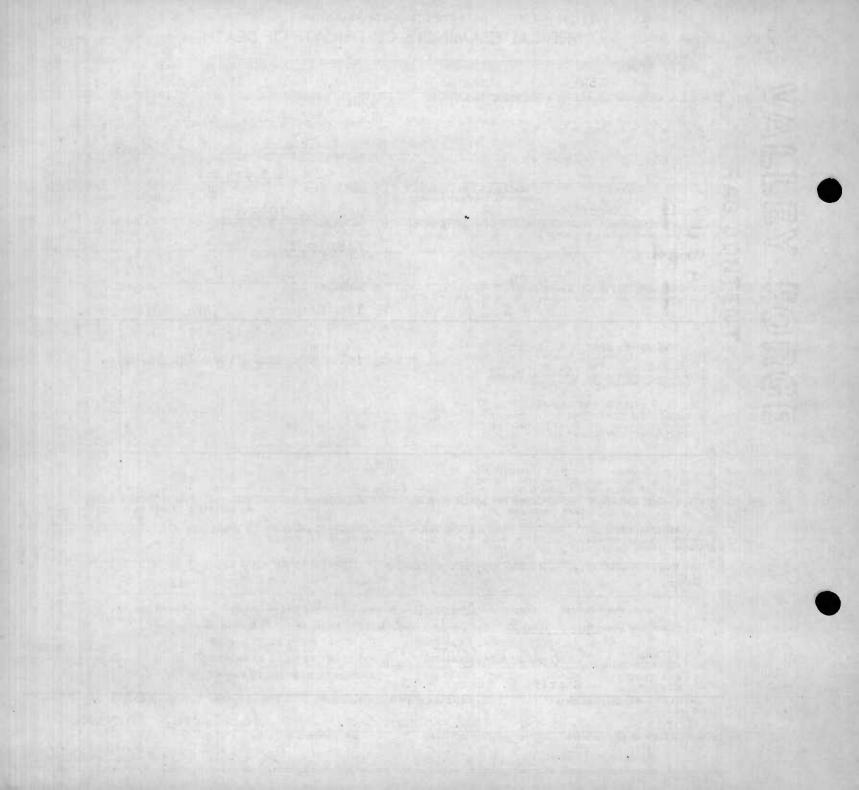


BIRTH NO.

BIR	TH NO.	WEDI	CALEX	AMINER 2 CI	KIIFICATE OF	DEATH Registe	red No.	
M.	E CASE NO.							
	NAME OF DEC	EASED			2. DATE AND HOUR PRONOUNCED DEAD			
,		THOM	AS R. LO	DMAX	7-20-66 3:15 A M			
FU H O	LL NAME OF	MORE, MARYLAND, W	AL OR INSTITU		Maryland	B. COU	tution: residence before admission) NTY RURAL and give township)	
3\$7 Yale Avenue					Baltimore D. STREET ADDRESS (If ro		- 08	
6	90				347 Yale Aver			
5. 5	SEX	6. RACE		NEVER MARRIED DIVORCED(specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
	Male	White		orced	April 2, 189			
		PATION (Give kind of work orking life, even if relired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?	
	Guard		Reti	ired	Baltimore,		USA	
13.	FATHER'S NAM				14. MOTHER'S MAIDEN NA	AME		
	John R.	Lomax			Rosa T. F	'ink		
		O EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT	709 Wimmer	ADDRESS Rd	
	Yes	WW1		212-16-9752	William R. Lon		nie, Md.	
-	18. // >	1		<u> </u>	OF DEATH	da Gien bul	INTERVAL BETWEEN	
CERTIFICATION	DISEASES (RISE TO THI UNDERLYIN OTHER SIGN TO THE DISEASE OR	NTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) ST G CONDITION LAST. II HIFICANT CONDITIONS DEATH BUT NOT REI CONDITION CAUSING	S NY, GIVING ATING THE CONTRIBUTING ATED TO THE	H E		Jan Dod if yee were ti		
	19A. DATE OF	WAS PER		WHICH OPERATION	No	IN CERTIFYING CAU		
MEDICAL	UNDERLYING UTING CAUS	OR CONTRIB-	21 B. I home, etc.)	PLACE OF INJURY (e.g., i form, factory, street, o	n or obout 21C. WHERE DIE ffice bidg., INJURY OCCUR?	O (If in Boltimore City, gi	ve exact location)	
2	OF INJURY (APPROX.)	(Month) (Day) (Year	W	VHILE AT NOT VORK	VHILE ORK	NJURY OCCUR?		
		ify that I held an lead from: Natural car	(77)	Inspection X Aut	Hamicide 🗌	this basis, death in m		
	ACTUAL SIGNATI		Colin	Tuly M.D.	CHIEF MEDICAL ASSISTANT MEDICAL	EXAMINER X	DATE SIGNED	
	EXAMIN NAME (1	ype) RUDIGE	R BREITI		ASSOCIATE MEDICAL			
	MOVAL (Specify			C. NAME of CEMETERY o	CREMATORY 23D		town, or county) (State)	
2.4	Buri			Parkwood	24C SUMEDAL DIRECT	Baltimore Co	Md.	
24.		JUL 22 1966	100	of REGISTRAR	Wm. Cook-Bro	ooks Inc. Balt		
VS	151-REV. 1/1/6	55						



6	6 07469	BALTIMORE CITY HEA	LTH DEPARTMENT		66 07469
BIRTH NO.	MED	ICAL EXAMINER'S	CERTIFICATE OF I	DEATH Registe	red No.
M.E. CASE NO.					
1. NAME OF DEC		CITA DIVAN		D HOUR PRONOUNC	
	ELLA	CHAPMAN		21, 1966	2:20 A M.
3. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOUNCED DEAD	A. STATE	B. COU	itution: residence before odmission)
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET	Maryland c. City or town (If outside	e corporate limits, write	RURAL and give township)
HOSPITAL OR	ADDRESS OR EOC.	A HON)	Baltimore	15	-13
Sina	i Hospital		D. STREET ADDRESS (If rurol,	give location)	
Silla	I Mospital		4128 Pimli		
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
Female	Negro	WIDOWED, DIVORCED(specify)	Aug 26 101:	lost birthdoyl	Months Doys Hours Min.
		KIOB KIND OF BUSINESS OR INDUST	Aug. 26, 191		12. CITIZEN OF
done during most of v	vorking life, even if retired)		Missippi		WHAT COUNTRY?
13. FATHER'S NAM	\E		14. MOTHER'S MAIDEN NAM	E	
	Frank Hug	hes	Nancy Frank	10	
	D EVER IN U.S. ARME	FORCES? 16. SOCIAL	Nancy Frank		ADDRESS
ites, no or unknown	(If yes, give wor or dot	se of services	Ida Causey	1.71.0 Re	rford Rd.
[1B.	,	CAU	SE OF DEATH	4740 20	INTERVAL BETWEEN
DISEASES RISE TO TH UNDERLYIN OTHER SIG	not mean the mode of costhenio, etc. It mean costhenio, etc. It mean MITTER TO THE CONDITIONS, IF A BOVE CAUSE (A) SING CONDITION LAST. II NIFICANT CONDITIONS NOT RISE TO THE CONDITION SING RECONDITION CAUSIN RECONDITION CAUSIN RECONDITION CAUSIN RECONDITION CAUSIN RECONDITION CAUSIN	ES ANY, GIVING TATING THE CONTRIBUTING LATED TO THE	riosclerotic Card		
19A. DATE OF		NOTION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI	SES OF DEATH?
1000000	L CAUSE WAS	21R PLACE OF INILIPY (e.g.	NO , in or obout 21C. WHERE DID	(If in Boltimore City, gi	No
UNDERLYING	OR CONTRIB-	home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	w w sommer only g	
ZID IIIVIL	(Month) (Doy) (Yes	or) (Hour) 21E. INJURY OCCURRED	21F, HOW DID INJ	URY OCCUR?	
(APPROX.)		WHILE AT NOT	WHILE WORK		
22.	tify that I held an			is basis, death In r	ny opinian
	ted fram: Natural co			Undetermined mann	
16301	Ted frame indicate co	Accident Sold	CHIEF MEDICAL E		
ACTUA		arley 1 Teets	D. ASSISTANT MEDICAL E		DATE SIGNED
SIGNAT		M.	ASSOCIATE MEDICAL E		7/21/66
EXAMIN NAME ((') 77.77	les S. Petty, M.D.	ASSOCIATE MEDICAL E		
23A, BURIAL CRE REMOVAL (Specif		23C. NAME of CEMETERY	or CREMATORY 23D. 1	LOCATION (City	, town, or county) (Stote)
Buria		-66 Mt. Auburr	Cem. I	Baltimore,	Maryland
	BY HEALTH DEPT.	24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTO	R	ADDRESS
9	UL 22 1966	Jour 2. undugue	George Ke	ISON 134	18 Calhoun St
VS 151-REV. 1/1/	65		1		

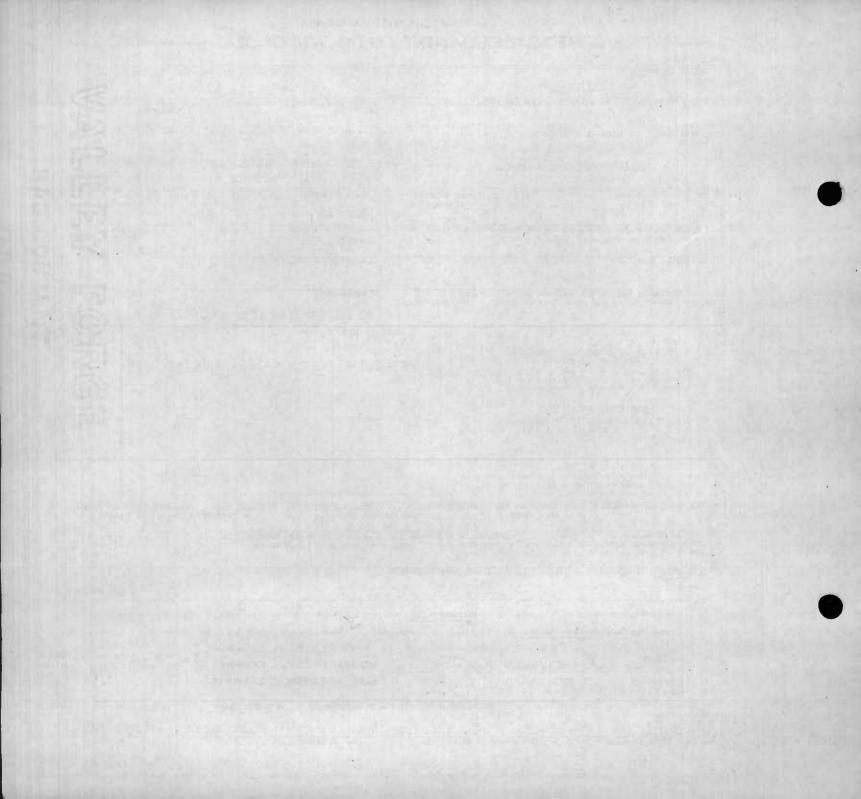


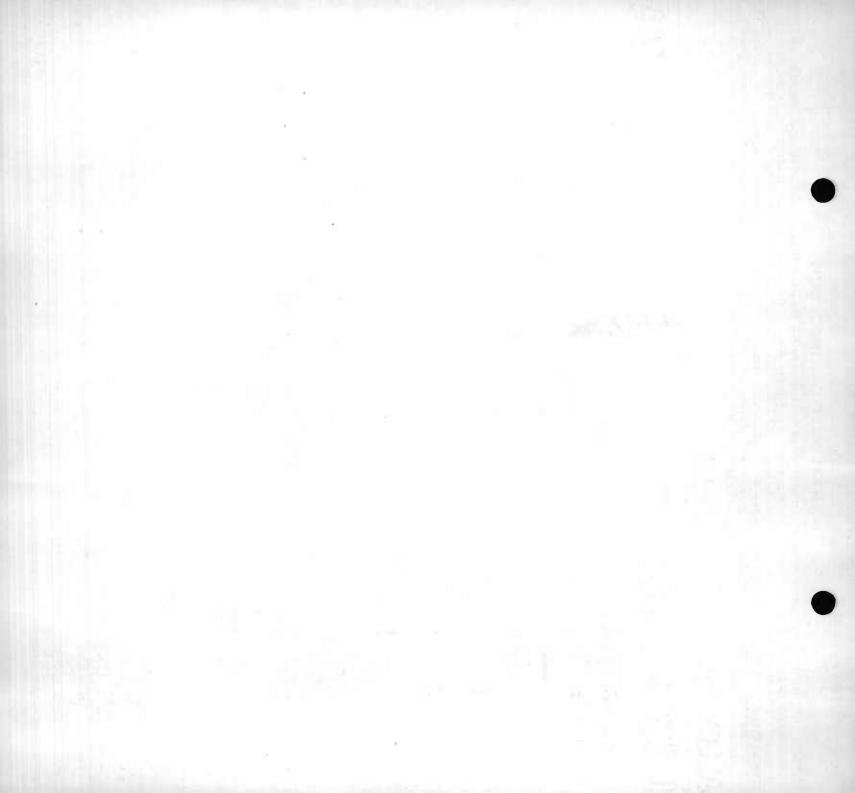
58 117AM

	00	0/4/0	i	BALTIMORE CITY HE	ALTH DEPARTMENT	5/4/1
BIR	TH NO.	MEDI	ICAL EX	AMINER'S	CERTIFICATE OF DEATH Registered No	
	E CASE NO.					
1. (Ty	NAME OF DE	ALBERT		BRAXTON	July 21, 1966	2:15 P N
		TIMORE MARYLAND, W			4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY Maryland	before odmissio
FU HC	LL NAME OF SPITAL OR STITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITU	JHON, GIVE STREET	Baltimore C. CITY OR TOWN (If outside corporate limits, write RURAL and give	i township)
1	20	2510 Madison	Avenue		D. STREET ADDRESS (If rurol, give locotion) 2510 Madison Avenue	
S.	Male	6. RACE Negro	WIDO WED, I	NEVER MARRIED DIVORCED (specify) 1916	Nay 24, 1907 9. AGE (In yeors of Months, Doys) 14 15 16 17 17 18 19 19 19 19 19 19 19 19 19	If Under 24 Hr Hours Min.
		CUPATION (Give kind of work f working life, even if retired)			Virginia 12. CITIZEN OF WHAT COLUMN U.S.	JNTRY?
13.	FATHER'S NA	ME			14. MOTHER'S MAIDEN NAME	
		ED EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	Mildred Ferguson 2510 Madison	Ave.
ERTIFICATION	(This does heart foilur injury or co	ASE OR CONDITION DI LEADING TO DEATH not meen the mode of e, osthenio, etc. It meens omplication which cause ANTECENDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) SI ING CONDITION LAST. II GNIFICANT CONDITIONS DEATH BUT NOT REI OR CONDITION CAUSING	dying e.g., the discose, deoth.) S NY, GIVING TATING THE CONTRIBUTIN	(C)	eriosclerotic Cardiovascular Disease.	T AND DEATH
O	0		DITION FOR V	WHICH OPERATION	No 20A, AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDER IN CERTIFYING CAUSES OF DEATH?	
MEDICAL	UNDERLYING UTING CA	AL CAUSE WAS GOR CONTRIB- USE OF DEATH.	etC _s /		in or about 21C. WHERE DID (If in Soltimore City, give exact location) office bldg. INJURY OCCUR?	
-	OF INJURY (APPROX.)	(Month) (Doy) (Yeo	V	WHILE AT NO	T WHILE WORK	
		rtify that I held on I	nquiry U		Ide Homicide Undetermined monner CHIEF MEDICAL EXAMINER	
	SIGNA EXAMI NAME	TURE NER'S Charles	S. Pet	ty, M.D.	ASSISTANT MEDICAL EXAMINER X	TE SIGNED
23.	A. BURIAL CR		23	C. NAME of CEMETER	or CREMATORY 23D. LOCATION (City, town, or county)	(Stote)

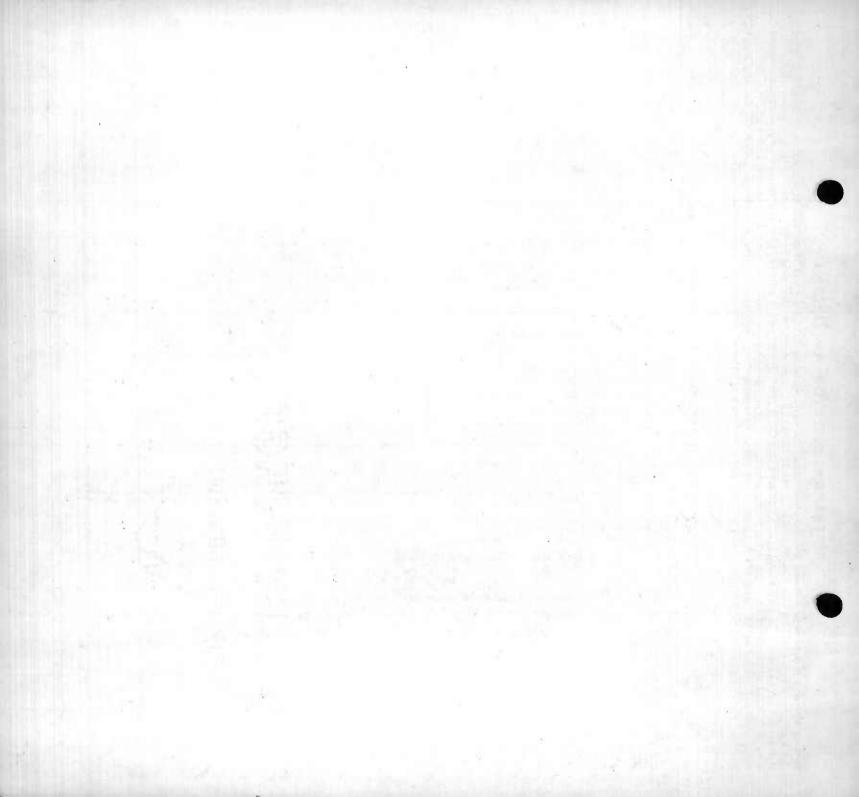
Burial 7-25-66 Mt. Auburn Cemetery Baltimore, Maryland
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS

George Kelson 1348 Calhoun St





	00 017 8170	BALTIMORE CIT	HEALTH DEPARTMENT		CO NIZATE
BIRTH NO.	77083419	CERTIFICA	TE OF DEATH	Registered No	(3) (3/42/4
M.E. CASE NO.	CEASED		2. DATE AN	D HOUR OF DEATH	/ /
Type or Print)	Carneal,	Fuelum A	Anila de	ly 20,1	966 8.0
PLACE OF DE	ATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE Who A. STATE B. COUN	re deceased lived. If ins	stitution: residence before admis
FULL NAME (OF (If not in hospital or insti	itution give street	Marylan	1	
HOSPITAL OR	oddress or location)	nunon, give sieer	C. CITY OR TOWN (If our	Iside city limits, write R	URAL gad-give township)
	entlin Squ	are Hospita	Baltim	roce =	15-04
7/100	SALLON JANG			rurol, give locotion)	+
36			408 Car	mbria S.	Y-
5. SEX		ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years tost birthday)	Months Doys Hours M
-	w	M	0/6/1908	5-8	
	CUPATION (Give kind of work 10B, Kind of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
1	HW		Maryla	nd	U.S.A
3. FATHERS NA		^	14. MOTHER'S MAIDEN NA	ME	
5	rary Head	dley	Lucus	1atthew	5
5. Wos Decease	d Ever in U/S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	, , , , , , , , , , , , , , , , , , , ,	ADDRESS
tes, no or unknow	(If yes, give wor or dotes of se		Lois Cal	PREAL	408 Cambria
1B. 1 = 7		2/705 5/8	OF DEATH	1000110	INTERVAL BETWEEN
1./	ASE OR CONDITION DIRECTLY		JEAIN	517 S. 157	ONSET AND DEATH
DISEA	LEADING TO DEATH	Ca	aca and Bas	the state of	H 3/2/1
	nat mean the made of dying		Assisse a fee 27 see	tastina	n
	e, asthenia, etc. It means the d implication which caused death.		stant mes	astasia	(samire
100	ANTECEDENT CAUSES	(B)			
	OR CONDITIONS, if any,	giving			
	he above cause (A) slatin	g the (C)		a vest a a a a 0 0 0 a a a a 2 0 0 0 a a a a 2 0 0 0 a a a a	**************************************
	11				
OTHER SIGN	NIFICANT CONDITIONS CONTRI				
DISEASE OR	DEATH BUT NOT RELATED R CONDITION CAUSING IT.				
19A. DATE O	OF OPERATION 198. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAL	INDINGS CONSIDERED
21A ACCIDI	ENT WAS HINDERLYING	210 01 4 CE OF (1) 1100	a at about 21 C WILLERS DID	(M. i - D-M-	City sive and beauty
OR CONTRIB	ENT WAS UNDERLYING DEUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, c	ffice bldg., INJURY OCCUR?	ut in Baltimore	City, give exact location)
	fy medical examiner)	etc.)			
U					
21D. TIME OF INJURY	(Month) (Doy) (Year) (Hou		21F. HOW DID INJ	URY OCCUR?	
21 D. TIME	(Month) (Doy) (Year) (Hou	While At Nork Not While At Work	le 🗀	URY OCCUR?	
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year) (Hou	While At Not Whi Work At Work	le 🗌		19
21D. TIME OF INJURY (APPROX) 22. 1 certify		While At Not White Mork Not White At Work	le 🗌	19to	
21D. TIME OF INJURY (APPROX) 22. 1 certify that (1) (we	y that (1) (this hospital) atte	While A1 No1 White Mork Not White A1 Work Not Work Not Work Not Work Not Work Not Not Work Not Not Work Not	-2019 6 6 ond th	19to	
21D. TIME OF INJURY (APPROX) 22. 1 certify that (1) (we	y that (1) (this hospital) atte b) lost sow the deceased aliv nd from the couses stoted ob	While A1 No1 White Mork Not White A1 Work Not Work Not Work Not Work Not Work Not Not Work Not Not Work Not	-2019 6 6 ond th	19to	
21D. MME OF INJURY (APPROX.) 22. I certify that (I) (we and hour on	y that (1) (this hospital) atte b) lost sow the deceased aliv nd from the couses stoted ob	while At Not White At Work and the deceased from we on Span Jove. (1) (We) (did) (did not)	-2019 6 ond the	of in(my) (our) opin	nion death occurred on the
21D. TIME OF INJURY (APPROX.) 22. 1 certify that (1) (we and hour on 23A. SIGNATI	y that (1) (this hospital) atte s) lost sow the deceased alive and from the couses stoted ob URE	while A1 Not White Mat Work and Work we on Span Span Span Span Span Span Span Spa	-2019 6 ond the	19to ot in(my) (our) opir	nion death occurred on the
21D. MME OF INJURY (APPROX.) 22. I certify that (I) (we and hour on	y that (1) (this hospital) atte s) lost sow the deceased alive and from the couses stoted ob URE	while At Not White At Work anded the deceased from we on Span (1) (We) (did) (did not)	ond the view the body ofter death.	of in(my) (our) opin	nion death occurred on the
21D. TIME OF INJURY (APPROX.) 22. 1 certify that (1) (we and hour on 23A. SIGNATI NAME (y that (1) (this hospital) attered to lost sow the deceased alice and from the couses stoted obsure Company Chang Ka	while At Not White Merk Work and work on Span July we on Span July work. (1) (We) (did) (did not) when M.D. Att	Dally & 6 and the view the body ofter deoth. ending Med. Director 23D. ADDRESS Frank.	ot in(my) (our) opin	23B. DATE SIGNED are Hospi
21D. TIME OF INJURY (APPROX.) 22. 1 certify that (1) (we and hour on 23A. SIGNATI	y that (1) (this hospital) atterns to lost sow the deceased alivers of the courses stoted observed by the course of the co	while A1 Not White Mat Work and Work work and Mat Work we on Span Span Span Span Mat	Dally & 6 and the view the body ofter deoth. ending Med. Director 23D. ADDRESS Frank.	Stoff Phys. Sau	nion death occurred on the
21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we and hour on 23A. SIGNATI 23C. PHYSICIA NAME (24A. BURIAL CRI REMOVAL CHARLES CHARLES	y that (1) (this hospital) atternoon of the couses stoted obture ANS (Type) Charg Kars (Specify) 7-23-66	while A1 Not White Mork work A1 Work A	ending Med. Director 23D. ADDRESS EMATORY Med. Director 24D. L	Stoff Phys. Sque	23B. DATE SIGNED 23B. DATE SIGNED ARE Hospic y, lown, or county) (St
21D. TIME OF INJURY (APPROX.) 22. 1 certify that (1) (we and hour on 23A. SIGNATI 23C. PHYSICIA NAME (24A. BURIAL CRI	y that (1) (this hospital) atternoon of the couses stoted obture ANS (Type) Charg Kars (Specify) 7-23-66	while At Not White Merk Work and work on Span July we on Span July work. (1) (We) (did) (did not) when M.D. Att	Dally & 6 and the view the body ofter deoth. ending Med. Director 23D. ADDRESS Frank.	Stoff Phys. Sque	23B. DATE SIGNED are Hospi



		OO DIMAME)	BALTIMORE CITY	HEALIH DEPAKIN	MENI	66 07473
100	H NO.	66 07473	3	CERTIFICA	TE OF DEA	TH Registered No	00 07473
	CASE NO.	EASED			2. 1	DATE AND HOUR OF DEATH	1
	e or Print)		ne M. F	itzsimmons			900
0 0	Catherine M. Fitzsimmons				II	July 22, 1966	AN
3. P	PLACE OF DEATH IN BALTIMORE, MARYLAND				A. STATE	8. COUNTY	institution: residence before admission
_					Mo	1.	
	FULL NAME OF (tf not in hospital or institution, give street HOSPITAL OR oddress or location)						
	INSTITUTION			C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
					Ba	altimore	2/-/8
-		3608 Spau	Iding A	Ve.	D. STREET ADDRESS	S (If rural, give location)	9
14	1)	Jood opau	Talle 11	101	0/	100 0 - 711 4	
	0					08 Spaulding Ar	
5. S	EX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years tost birthday)	tf Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
1	Temale	White		D, DIVORCED (specify)	ABOUT \$/22/	1879 BOUT 87	Poloninis Doys Hoors Polin,
		working life, even if retired)	IOB. KIND OI	F BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Sto	te or foreign country)	12. CITIZEN OF WHAT COUNTRY?
one	Sales		Do	pt. Store	Lonaconii	ng, Maryland	WITAT COUNTRY
			De	br. Prote			
3. 1	ATHER'S NAM	M.E.			14. MOTHER'S MAI	DEN NAME	
		The one of	anhana				
		Thomas Ch				unknown	
		Ever in U. S. Armed For		1 6. SOCIAL	17. INFORMANT		ADDRESS
23		(If yes, give wor or dote	s or service)	SECURITY NO.	Mrs. Emalia	ne Holland, 20 1	Lambourne Road
	No			125-20-6923	ALL WE AMERICAN		
	18.	7 11		CAUSE O	F DEATH		INTERVAL BETWEEN
	40	SE OR CONDITION DIE	NE CTI V				ONSET AND DEATH
	DISEAS	LEADING TO DEATH	RECILY	10	TA DINAA	lessotic uzaiz Dis	5 7 78-A
				(A) /T []	16111030	REMOTIC	0 (160)
		ot meon the mode of osthenio, etc. It meons		DUE TO 17	1.1017450	210 SIRC N.	e75r_
		plication which coused		WITIL	0100000		
				(8)			
	,	ANTECEDENT CAUSES		DUE TO			
	DISEASES C	R CONDITIONS, if	ony, giving				
		e obove couse (A)		(C)			
		G CONDITION lost.		000000000000000000000000000000000000000	**************************************	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	s m r r com m del m del
1							
z	071170 010111		CALEBIBLITIA	6			
0		FICANT CONDITIONS C					
A		CONDITION CAUSING I					
ERTIFICATIO	19A. DATE OF			WHICH OPERATION	20A. AUTOPSY? ()	res or No) 20B. IF YES, WERI	FINDINGS CONSIDERED
=	^	WAS PER	FORMED			IN CERTIFYING C	AUSES OF DEATH?
E	273 456155	AT MACHINER WAS	7 1050	BLACK OF INTERIOR		F DID	63
	OR CONTRIR	NT WAS UNDERLYING TING CAUSE OF		PLACE OF INJURY (e.g., ine, form, foctory, street, o	n or obout 21 C. WHER	E DID (If in Soltime	ore City, give exact location)
A		medical examiner	etc.				
U							
	21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW	DID INJURY OCCUR?	
٤	(APPROX.)			nite At Not Whil			
	INTEROL!		Wo	ork At Work			
	22. 1 carrie	that (1) (this baseled) ottended a	he deceased from	Jan	1900 10	7/22 1066
	and i certify	The (17 (this nospito)	, onended t	7/7/	1	17 1210	······································
	that (I) (we)	lost saw the decease	ed olive on	11-1	19 4 4	ond that in (my) (our) o	pinion death occurred on the dot
	and here	I from the accordance	ad about /	1) (Wa) (J:J) (J:J = -1)			
			red obave. (I) (We) (did) (did not)	riew the body ofter	death.	
	23A. SIGNATY	19年	10	1			23B, DATE SIGNED
	-11	1	16 (M.D. Atte	ending Med.	Stoff	7622-166
		morning (o una	Phy	s. Direc	tor Phys,	112746
	23C. PHYSICIA	N'S			23D. ADDRESS		
	NAME (T	Thomas	E Rose	h M D	5550 Ralt.	imore National	Pike
		Thomas	E. ROEC	h, M.D. M.D.	JOJU Dalt.	THOLE MACTORIST	TVC
4A	BURIAL CRE	MATION, 24B. DATE	24C. N	AME of CEMETERY OF CR	EMATORY	24D. LOCATION	City, town, or county) (State)
	REMOVAL (Specify)	, -				
	Buria	al 7/25/6	6 C	athedral Cemet	tery	Baltimore, M	d.
5A		BY HEALTH DEPT.		OF REGISTRAR	25CeFUNSKAL D	DIRECTOR	ADDRESS
			-		Jo. Vorm	m Janes (26)	l Park Heights Ave.
		UL 25 1966	The Vice of	E. Farling MA	10000	- Common 402	
15	50-REV. 1/1/	65					

VS 150-REV. 1/1/65

And the contract of the contra

The management that the control of t

481, 180

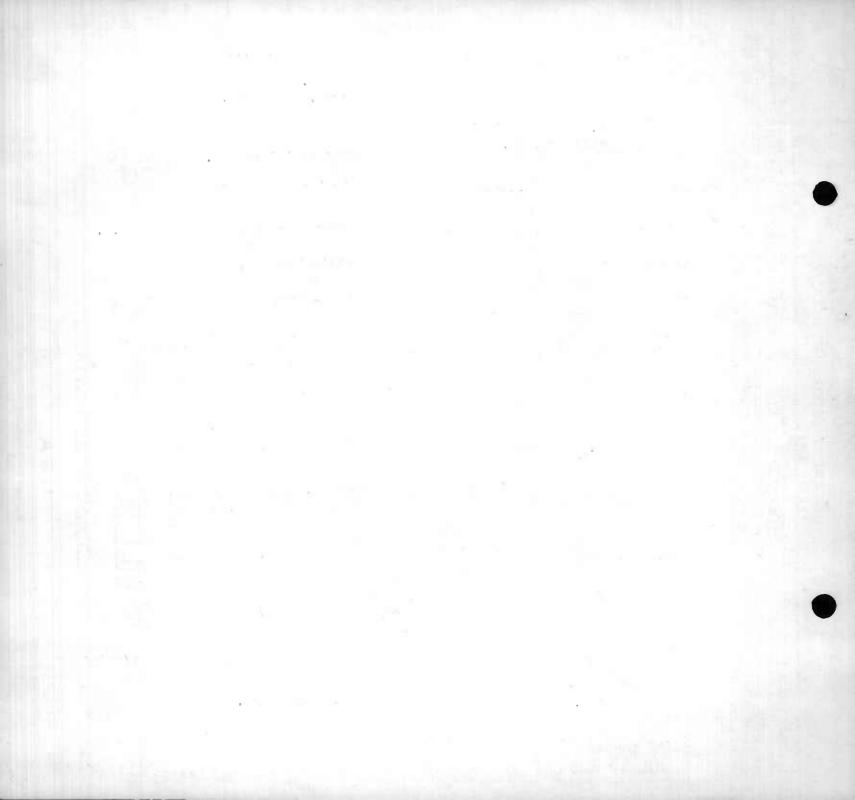
The Contract States

The Control of the Co

IMPO

DYRECTOR:

FUNERAL



-230	1. NAME OF DE	CEASED		C	TARCO			HOUR PRONOUNC		
	3. PLACE IN BAI	TIMORE, MARY	JAC YLAND, WH	OB G		4. USUAL RESIDA. STATE Maryla	7-23-66 DENCE (Where de		stitution: residence	2:23 A. M. ce before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)			C. CITY OR TOWN (If outside corporate limits) write RURAL and give township) Baltimore				give township)		
1	50	718 BARC:	LAY ST	REET			RESS (If rurol, g Barclay S			12_1
	5. SEX Male	6. RACE Colored	d	Divorse		12-25-19	29	9. AGE (In years lost birthdoy) 36	Months Do	Yr. If Under 24 Hrs.
1	done during most of aborer	working life, ever		Constru	ction	North Ca		country)	U.S.	COUNTRY?
	Adam Ha	rper	S. ARMED	FORCES?	6, SO CIAL	Alice H			ADDRESS	
	(Yes, no or unknow	n) (If yes, give v	wor or dates	of service)	38-40-9758		ce Holt	502 E. 27t		
	(This does	LEADING To not mean the e, asthenia, etc.	O DEATH	dvino o a	(A) Hem	orrhagic p	oulmonary	edema		*************************
	CThis does heart foilur injury or continuity	LEADING TO TO THE PROPERTY OF	O DEATH mode of It means ch coused de IT CAUSES ONS, IF AN USE (A) STA ON LAST.	dying e.g., the disease, eath.) NY, GIVING ATING THE	(B) Fat	orrhagic p				
	CThis does heart foilur injury or continuity	LEADING TO THE CONTROL OF THE CONTRO	on DEATH mode of It means the coused do IT CAUSES ONS, IF AN USE (A) STA ON LAST. NOT RELA CAUSING	dying, e.g., the disease, eath.) NY, GIVING ATING THE CONTRIBUTING ATED TO THI IT.	(B) Fat	ty metamon	phosis c	of liver OB IF YES, WERE F	ISES OF DEATH	
	OTHER SIGNOTO THE DISEASE OF THE DIS	LEADING TO THE PROPERTY OF THE	O DEATH mode of II meons ch coused do IT CAUSES ONS, IF AN USE (A) STA ON LAST. NDITIONS C NOT RELA CAUSING 19B. COND WAS PERFO	dying, e.g., the disease, eath.) NY, GIVING ATING THE CONTRIBUTING ATED TO TH IT. DITION FOR WI ORMED	(B) Fat DUE TO	20A. AUTOPS: Yes	rphosis o	of liver OB IF YES, WERE F N CERTIFYING CAL	ISES OF DEATH	1?
	OTHER SIGNOTO THE DISEASE OT TO THE DISEASE OT TO THE DISEASE OT TO THE DISEASE OTHER SIGNOTO THE DISEASE OTHER SIGNOTOR SIGNO	LEADING TO THE CONTRIBUTION OF CONDITION OF CONTRIBUSE OF CONDITION OF	O DEATH mode of II meons ch coused do IT CAUSES ONS, IF AN USE (A) STA ON LAST. NDITIONS C NOT RELA CAUSING 19B. COND WAS PERFO	dying e.g., the disease, eath.) NY, GIVING ATING THE CONTRIBUTING ATED TO TH IT. DITION FOR WI ORMED 218. PL home etc., (Hour) 218.	(B) Fat DUE TO (C)	20A. AUTOPS Yes in or obout 21C. office bldg., INJUR	rphosis o	OF liver OB IF YES, WERE FOR CERTIFYING CAL Yes in Boltimore City, (ISES OF DEATH	1?
	OTHER SICTORY OT	LEADING TO THE PROPERTY OF THE	O DEATH mode of It means h coused do IT CAUSES ONS, IF AN USE (A) STA ON LAST. NDITIONS C NOT REL CAUSING 19B. COND WAS PERFO	dying e.g., the disease, eath.) NY, GIVING ATING THE CONTRIBUTING ATED TO THI IT. 21B. PIL home, etc.) (Hour) Quiry quiry Ac	(B) Fat DUE TO (C)	20A. AUTOPS: Yes in or obout 21C. 'office bldg., INJUR WHILE WORK Jtopsy X on de Homic	(? (Yes or No) 2) WHERE DID (If Y OCCUR? OW DID INJUR d that on this ide Un LEDICAL EXA	OB IF YES, WERE FOR CERTIFYING CALL YES IN Boltimore City, SE Dosis, death in addressing the Bol	JSES OF DEATH S my opinion ner	1?

Adam Digres 2016 Sile and Alice Bolt 502 St. 270 Street

. To Winter of the agent of the state of the transfer of the state of

MEDICAL EXAMINED'S CERTIFICATE OF DEATH Registered N

BIRTH NO. MEDICAL E	VAMILLER 2 C	EKTIFICATE OF DEATH	Registered Na.
M.E. CASE NO.			
1. NAME OF DECEASED (Type or Print) NICHOLAS	LOGAN	2. DATE AND HOUR PR July 21, 1	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONG		4. USUAL RESIDENCE (Where deceased liv	red. If institution: residence before admission
		A. STATE Maryland	B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTI HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	TUTION, GIVE STREET	C. CITY OR TOWN (If outside corporate I	mits, write RURAL and give township)
Union Memorial Hospita	1	Baltimore D. STREET ADDRESS (If rurol, give locotion	0)
distribution inclinat mospita	-	2228 Barclay Str	
	D, NEVER MARRIED		(In years If Under 1 Yr. If Under 24 Hrs
	glese	Aug. 29, 1921	
IOA, USUAL OCCUPATION (Give kind of work 10B. KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?
	inator service	Baltimore, Marylan	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Nicholas Logan		Helen Robinson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service)	16. SO CIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes WW#2	212-18-9437	Helen Logan=2228 Barc	lay St.
18.	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY			ONSET AND DEATH
LEADING TO DEATH	(A) Fatty	Liver and Cirrhosis.	
(This does not meon the mode of dying, e.g.	DUE TO		
injury or complication which coused death.)			
ANTECENDENT CAUSES	(8)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE			
UNDERLYING CONDITION LAST.			WITH THE RESERVE TO T
Z	(C)		••••••
OTHER SIGNIFICANT CONDITIONS CONTRIBU	IING		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, CONDITION FOR WAS PERFORMED		ensive Heart Disease.	
19A. DATE OF OPERATION 19B. CONDITION FOI	WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES,	
O WAS PERFORMED		Yes IN CERTIFY	NG CAUSES OF DEATH?
21A, EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB-	B. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID (If in Boltimo	
UNDERLYING OR CONTRIB-	ne, tom, toctory, street, t	omce blag., INJURY OCCUR?	
21D TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR	
OF INJURY (APPROX.)	WHILE AT NOT	WHILE	
22.	WORK AT W		
I certify that I held on Inquiry	Inspection Aut	and that on this basis, d	eoth in my apinion
resulted fram: Natural causes X	Accident Suicid		ed manner
ACTUAL O	1/-	CHIEF MEDICAL EXAMINER	
SIGNATURE (hacker)	l'ely M.D	ASSISTANT MEDICAL EXAMINER	7/21/66
EXAMINER'S NAME (Type) Charles S. Pet	ty, M.D.	ASSOCIATE MEDICAL EXAMINER] //21/00
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	23C. NAME of CEMETERY	CREMATORY 23D. LOCATION	(City, town, or county) (Stote)
	Baltimore Natio	onal Balto	Maryland
	E OF-REGISTRAR	24C. FUNERAL DIRECTOR	1735 ADDRESS
1111 25 1966 (1) 0	20 Z 0 40	Marshall W. Jones J	Harford Avenue

Bur

VS 151-REV. 1/1/65

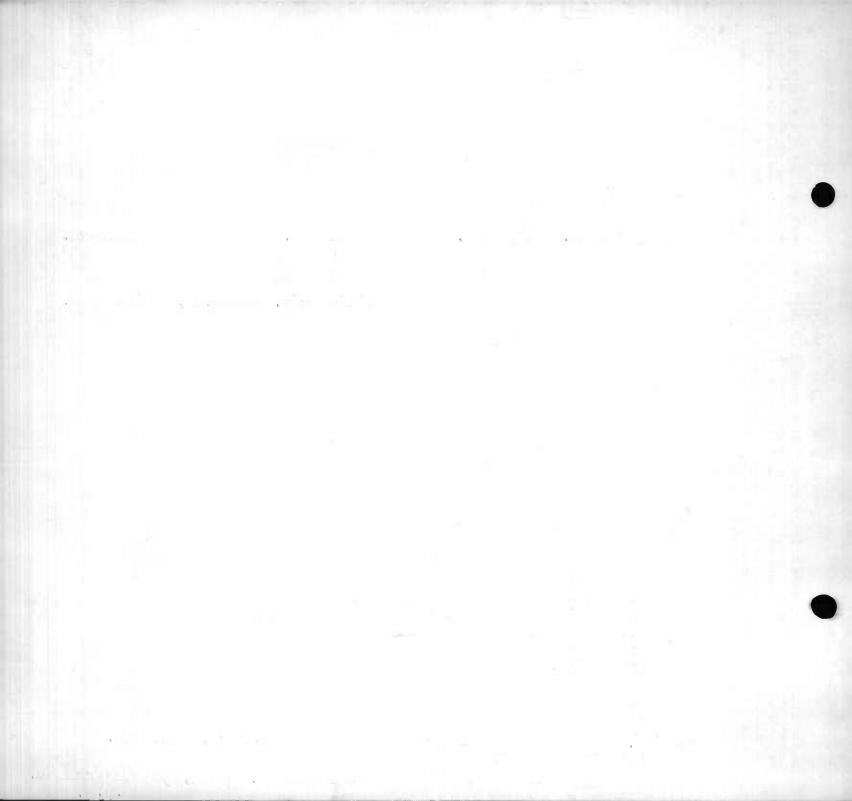
Description sarvice Universe Marghand Helen Robinson Milet Family Sermon Removed Services St.

designation .7-25-50 saletern backgrad designations

IMPORTANI

DIRECTOR:

FUNERAL



IMPORTAN

DIRECTOR:

FUNERAL

14., 15.7 3 4

pix .est substant process and the section

DE-AL-S AFFLOW BOTHS IN SEL

P 등 102명 기내가 있게 보고 있다.

22 7 191. 33 33 33 10

A SA-MAN X

Later to the series of the ser

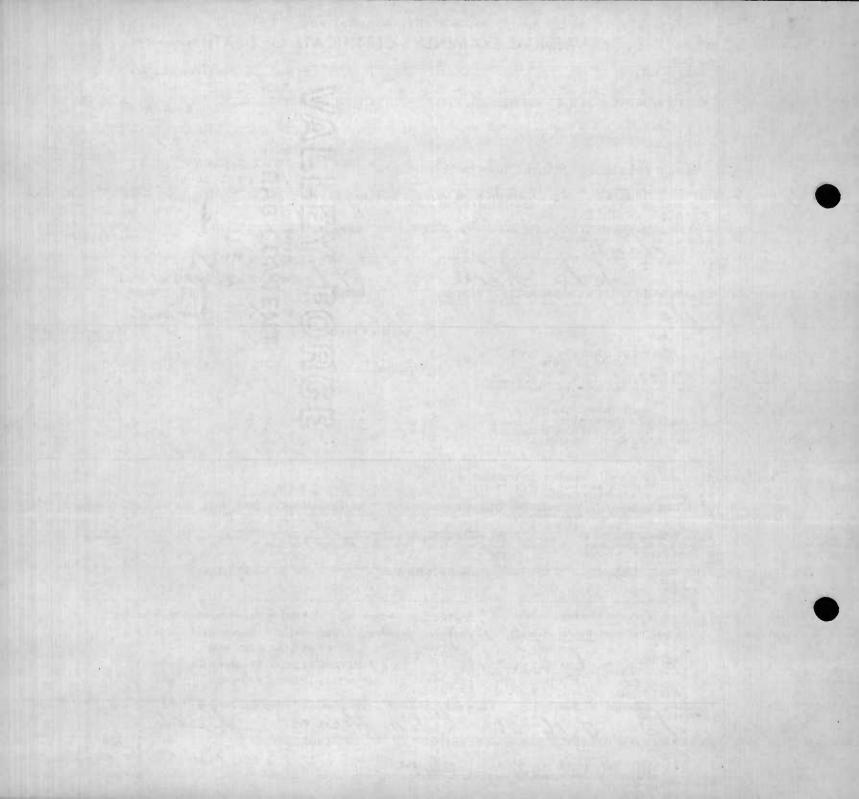
TICOLOR DE LA COLOR DE LA COLO

BALTIMORE CITY HEALTH DEPARTMENT

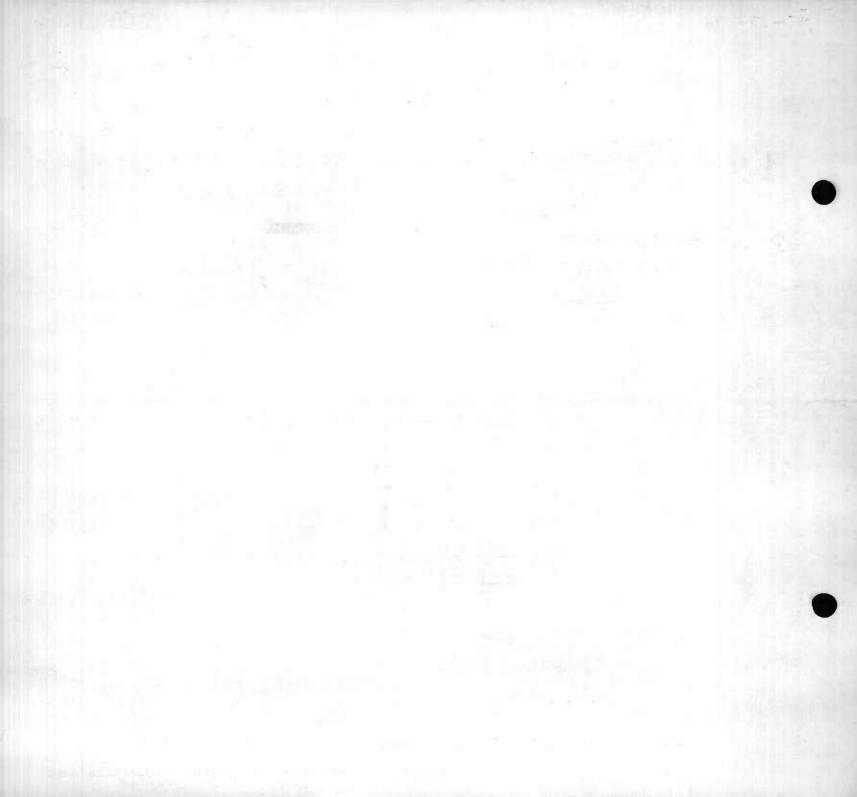
66 07481

MEDICAL	EXAMINER'S	CERTIFICATE OF	DEATH Registered Na

BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
MARIE FINGER	July 21, 1966 12:40 P M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
HOSPITAL OR ADDRESS OR LOCATION)	011
113	Baltimore 24-0
South Baltimore General Hospital	D. STREET ADDRESS (If rural, give location)
	679 E. Clement Street
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.
Female White W.	11 - 11 - 95 78
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)	11. BIRTHPLACE (State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
KO H &	Med.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Tress	Theresa Wiegand
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
KC	family - JAME
118. CAUSE	OF DEATH INTERVAL BETWEEN
7 3 3 1	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteri	osclerotic Cardiovascular Disease.
(This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease,	Oboletotio datalovabatat 2 localori
injury or complication which coused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C)	
Ĕ	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED	LOGA ALITOREY2 /V N. 1 200 IE VEC WERE EINDINGS CONSIDERED
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID (If in Boltimore City, give exact location)
UNDERLYING OR CONTRIB-	office bldg., NJURY OCCUR?
OF INJURY	21F. HOW DID INJURY OCCUR?
(APPROX.) WHILE AT NOT NOT AT W	WHILE OF THE PROPERTY OF THE P
22.	tapsy and that an this basis, death in my apinian
resulted fram: Natural causes X Accident Sulcid	
ACTUAL O	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE harles / sely M.D	ASSISTANT MEDICAL EXAMINER X 7/21/66
EXAMINER'S NAME (Type) Charles S. Petty, M.D.	ASSOCIATE MEDICAL EXAMINER
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, lown, or county) (State)
REMOVAL (Specify)	HAKE W
12 7- Y6-66 G/EH	77.70
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS FOR CES
JUL 25 1966 02 Cent E. Farkeyna	17/1/11/1-130 & told Cus.
VS 151-REV. 1/1/65	- Carry



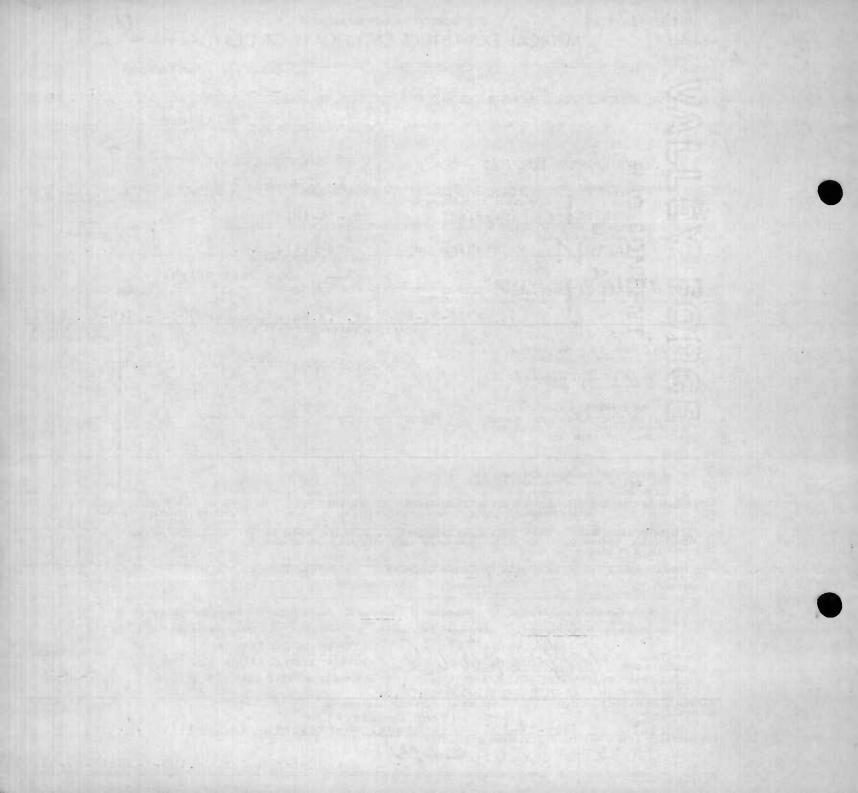
46-78-15		TY HEALTH DEPARTMENT	66 07482
JJ 5-260	BIRTH NO. 66 U7482 CERTIFIC	ATE OF DEATH Registered No	bb 0740C
and eath ased the Such	M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
-005	(Type or Print) GEORGE C. SWAU	GER 7-21-6	6 11 4
of of of ath.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed fived, If ins	stitution: residence before admission)
SS	FULL NAME OF (If not in hospital or institution, give street	Md. all	la adverse
hod dail	HOSPITAL OR oddress or location) NSTITUTION	C. CITY OR TOWN (If outside city limits, write R	URAL ond give township)
in a ng cau cause; artend	0 11 (-11)	CUMBERLAN	D \$ 5/-02
ed in a sting cause; d cause; r attend prior to	2 Balto City (405)	D. STREET ADDRESS (If rural, give location)	
0	4940 EASTERN AVENUE, BALTO., MD. 2122	4 36 326 M' MEC.	HANIC St-
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
occur ramin egul ased	MARRIED	3-67-68 38	
H cote	IOA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTI	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
p - D - D -	City of Cumberland	PENNSYLVANIA	USA
de cr	City of Cumberland	14. MOTHER'S MAIDEN NAME	
Firecast And Andread	Edward - Swanger	Ollie Smith	
istant he di he di kind; kind; ce on nal di	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	RECORDS: BCH - AND EASTERN	A VENILE #27221
0 9 T E I	nes -	Med Record.	AVENUE #21224
s as any ced	18. / 78 X J CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
or his of also, if ounce attend	DISEASE OR CONDITION DIRECTLY	2) SD
r or l	LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO	rneumon, a	(Va 4
	heart failure, asthema, etc. It means the disease, injury or complication which caused death.)		Weeks +>
0 - 50 25	ANTECEDENT CAUSES (B) + W	tra Cerebral Metast	lasis Months
	DISEASES OR CONDITIONS, if ony, giving	1 (1) (2)	1 4000
2 000 E 0	rise to the obove cause (A) stating the UNDERLYING CONDITION lost.	oryonal Cell Ca	1 9001'-
RAL DIR medical medical e burns; (3 physician an was ir			7
AL D medical edical burns; hysicia n was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
f m me y bu phy ian	DISEASE OR CONDITION CAUSING IT.		
FUNER le chief r by a m 2) Body e the pl physicia	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FI	INDINGS CONSIDERED
FUN he chi by o (2) Bo re th physi	U 21A; ACCIDENT WAS UNDERLYING 21R PLACE OF INTERPLACE	YES Yes	City, give exact location)
=======================================	OR CONTRIBUTING CAUSE OF home, form, foctory, street,	office bldg., INJURY OCCUR?	ony, give exact laconom
by pito	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
ved by thospiton nature; espt who did (6) No ained by	OF INJURY (APPROX) While At Not WI	nile 🗀	
- 0 0 0	22. I certify that (**) (this hospital) attended the deceased fram	7-4	- 71
approtein to the of any	that (IT (we) last saw the deceased alive an		- 2/ 19 66,
ist be ap assed to dent of a ospital (death);	and haur and fram the causes stated abave. (H) (We) (did) (did not)	19 66 and that in (arg) (our) opin	itan death accurred an the date
ust be eased ident hospit o deat	23A. SIGNATURE	view the bady after death.	23B. DATE SIGNED
3 0	18. Pa. Da Ol M.D. A	ttending Med. Staff Phys.	7-21-66
rel a control	23C.PHYSICIAN'S NAME (Type)	23D. ADDRESS 4940 EASTERN AVENUE	
An at at orion	DR. J.E. RANDALL M.C		ITU HOSP
rificate m y was rela 1) An acci 2.A. at a b d prior to	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	TOTALIMORE	y, town, or county) (State)
E 70 0 0 0	Burial 25 Jul 66 Hyndman Cemeter		
This cer the bod shows: was D.C decease	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	y Hyndman Penns	ADDRESS
tt s y b y	JUL 25 1966 Release E. Frankeyna	Burgee, Funeral Home 30	631 Falls Road
	VS 150-REV. 1/1/65	HEAR TO BOWAGE	



BIRTH NO.

66 07484 BALTIMORE CITY HEALTH DEPARTMENT NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E. CASE NO.	
1. NAME OF DECEASED (Type of Print) THROWER	2. DATE AND HOUR PRONOUNCED DEAD
LAURA NATES	7-22-66 3:58 P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONUNCED DEAD	4. USUAL RESIDENCE (Whore deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland Baltimore City
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside carparata limits, write RURAL and give township)
INTO HON	Baltimore
JOHNS HOPKINS HOSPITAL - DOA	D. STREET ADDRESS (If rural, give location)
799	35 E. 25th Street
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yours If Under 1 Yr, If Under 24 Hrs.
WIDOWED, DIVORCED (specify)	last birthday) Months, Doys, Hours, Min.
Female White Married 10A. USUAL OCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INDUSTR	May-14-1914 52
done during most of working lifa, even if retired)	WHAT COUNTRY?
Packageing Saddlekins Co	Fort Mill, S.C. U.S.
IIS. FAIRER'S NAME	
William Eli Thrower	Emma Bell Wright
15. WAS DECERSED EVER IN U.S. ARMED FORCES? (Yas, no ar unknawn), (If yes, give wor ar dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	Mr.J.H.Nates(husband)35-E-25th-St. 21218
	E OF DEATH INTERVAL BETWEEN
40011	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	11
(This does not mean the made of dying, e.g., DUE TO	riosclerotic cardiovascular disease
haort failure, asthania, atc. It maans the diseasa, injury or complication which coused doath.)	
AND CAUCA	
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. Date of OPERATION 198. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yas or Na) 20 B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	Yes IN CERTIFYING CAUSES OF DEATH?
₹ 21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (g.g.	in ar obout 21C. WHERE DID (If in Baltimara City, give exact lacation)
UNDERLYING OR CONTRIB-	office bldg., INJURY OCCUR?
21D TIME (Manth) (Doy) (Year) (Haur) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) WHILE AT I NOT	WHILE
22.	
I certify that I held on Inquiry Inspection Au	topsy X and that on this basis, death In my apinion
resulted from: Natural equises X Accident Suicident	de Homicide Undetermined monner
	CHIEF MEDICAL EXAMINER
SIGNATURE MICHAEL M.C	ASSISTANT MEDICAL EXAMINER
SIGNATURE EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 7-23-66
NAME (Type) / RUDIGER BREITENEKCER, M.D.	ASSOCIATE MEDICAL EXAMINATION
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	
REMOVAL (Specify) (Town Cer	netery)
burial July-25-1966 kwxxxxxx	rkychykyhykyk Fort Mill, S.C.
24A, DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
JUL 25 1966 Plate & the day	Stewart & Mowen Co.108-W-North-Av-21201
VS 151-REV. 1/1/65	DOCUMENTO OF MONEY OF THE STATE



CC DITAGE	BALTIMORE CITY	HEALTH DEPARTMENT		CC INTAGE
BIRTH NO. 66 U7485	CERTIFICA	TE OF DEATH	Registered Na.	66 07485
M.E. CASE NO. 1. NAME OF DECEASED			D HOUR OF DEATH	
(Type or Print) Huart Whooler	. Stuart A	nderson 7	122/66	11:20 AN
3. PLACE OF DEATH IN BALTIMORE, MARYLAND)		e deceased lived. If in	nstitution: residence before admission
FULL NAME OF (If not in hospital or institution,	ave skeat	marylan	7	TIMORE
HOSPITAL OR oddress or location)	give sheer	C. CITY OR TOWN (If out		RURAL ond give township)
		Balfino	-0	53-00
Montchello State	Hospital	D. STREET ADDRESS (IF	rural, give location)	
	<i>G</i> 4	RT 10 1	30× 268	
SEX 6. RACE 7. MARRIED	D, NEVER MARRIED ED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
	arried	2/10/99	67	
OA. USUAL OCCUPATION (Give kind of work 10B, KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
one during most of working life, even if retired)	= 1 m FGR,	Minairia		U.S.
3. FATHER'S NAME	- IN FUR	14. MOTHER'S MAIDEN NA	ME	a.s.
0-1 1 1 1 - 1 -		Willia L	17-	
5. We Deceased Ever in U. S. Armed Forces?	11.6 500141	17. INFORMANT	MIN	ADDRESS
(es, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	9 Edith W	1 ,	ADDRESS
No	213-07-346	9 Edith W	hador	R+10 Box 265
18. 2 3 X I	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	20			ONSET AND DEATH
LEADING TO DEATH	(A) V4	oning con	10-	142
(This does not meon the mode of dying, e.g heart foilure, asthenia, etc. It means the disease	.,	/		/
injury or complication which coused deoth.)				
ANTECEDENT CAUSES	DUE TO	000000000000000000000000000000000000000	***	
DISEASES OR CONDITIONS, if any, giving				
rise to the above couse (A) stating the UNDERLYING CONDITION lost.	e (C)	9 H H H H H H H H H H H H H H H G H		
ll l				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN	NG .			
TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION CAUSING IT.	HE			
19A. DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No	10 208. IF YES, WERE	FINDINGS CONSIDERED
		Jes .		no
OR CONTRIBUTING CAUSE OF ho	B. PLACE OF INJURY (e.g., in ome, form, foctory, street, of	fice bldg., INJURY OCCUR?	(If in Boltimor	e City, give exact location)
DEATH (notify medical examiner)				
W OF INTURY	E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
< /ABBROYS	/hile At Not While			
		7/10	11 7	122 1966
22. I certify that (I) this hospital attended	7/23	1/	19 66 10	
that (I)(we) last saw the deceased alive an	1/24	19 66 and th	at in(my) (aus) api	inian death accurred on the da
and haur and fram the causes stated above.	(I) (Ve) (did) (dld nat) v	iew the bady after death.		
23A. SIGNATURE	0			23B. DATE SIGNED
Meber He pela	M.D. Atte	ending Med. Oirector	Staff Phys.	7/22/66
23C. PHYSICIAN'S		23D. ADDRESS		
NAME (Type) Robert W. II	reland M.D.	Monteb	ello State	e Hospital
24A. BURIAL CREMATION, 248. DATE , 24C. N	NAME OF CEMETERY OF CRE	MATORY 124D II	OCATION (C	ity, town, or county) (State)
REMOVAL (Specify)	THE OF COMMERCE OF CRE	1	CONTROL (C	ry, sowii, or coonly) (3101e)
DURIAL 1/25/66 \$1	LAIR MEM	GARDENS 1	ELAIR,	ma
1114 A.W A	OF REGISTRAR	25C. FUNERAL DIRECTOR	A N	ADDRESS
JUL 25 1966 (R.D. 6 8	tabout 1	W. Knoch	Thakey,	Rulske, 49
VS 150-REV. 1/1/65			, , , ,	

Robert W. Ireland Acotebile otets bearing

Such CP

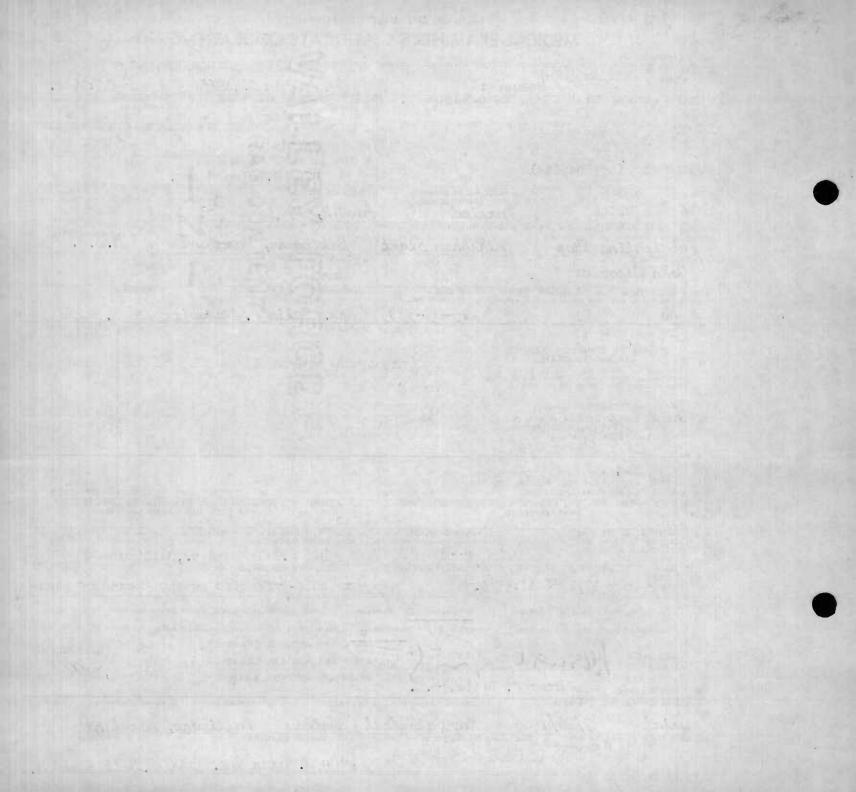
BIRTH NO. 66 U7486	BALTIMORE CITY	HEALTH DEPARTMENT		- 0 PH 5 () ()
BIRTH NO. 66 U / 2.00	CERTIFICA	TE OF DEATH	Registered Na	· 68 07486
1, NAME OF DECEASED (Type or Print) GEORGE WARREN	FISHER		LY 21, 196	
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (WHA. STATE B. COU	ere deceased lived. It	institution: residence before admission
FULL NAME OF (If not in hospital or institu HOSPITAL OR address or location) INSTITUTION	tion, give street	MARYLAND C. CITY OR TOWN (IF o		RURAL and give township)
ST. AGNES HO	SPITAL	D. STREET ADDRESS PE		26-26
Burg St.		6509 CLEV		
MALE WHITE MA	RIED, NEVER MARRIED OWED, DIXORCED (specify)	12-8-95	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Days Hours Min.
6A. USUAL OCCUPATION (Give kind of work 10B. KIN one during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
	INT MEGR.	PENNSYLVAI		U.S. A.
WILLIAM FISHER		KATHER INE		
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (It yes, give wor or doles of serv	TECHNICAL NO. 3		KENS AND C NES HOSPIT	ATON AVENUE AL RECORD
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE O	CINOMA O TH MULTIPLE	e	INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, if ony, given the course (A) stoting UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBLED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	UTING			
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or h	20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltime	ore City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While Work At Work		JURY OCCUR?	
22. I certify that (IX(this haspital) attend that XI) (we) last saw the deceased alive	an JULY 21		hat In (%y) (aur) ap	ULY 21 19 66 Dinian death accurred an the da
and haur and fram the causes stated above	ve. (t) (me) (did) (a)(d n)(t) v	iew the bady after death	•	23B. DATE SIGNED
10	M.D. Atte	ending Med.	Stoff =	
22C PHYSICIANS	Phy	s. Director	Stoff Phys.	7/21/66
23C. PHYSICIAN'S NAME (Type) JUAN	CABRERA M.D.	ST. AGNES	MERKEN	HOSPITAL
4A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY of CRE	MATORY 24D.	LOCATION (City, town, or county) (State)
Burial 7/25/66	Baltimore Nat			re, Maryland
25A. DATE RECOMMENTO DESCRIPTION	ME OPREGISTRAN	Walter Bro	I have been been been been been been been be	ay, Inc., Dundalk
'S 150-REV. 1/1/65				

manufacture described the state of the state

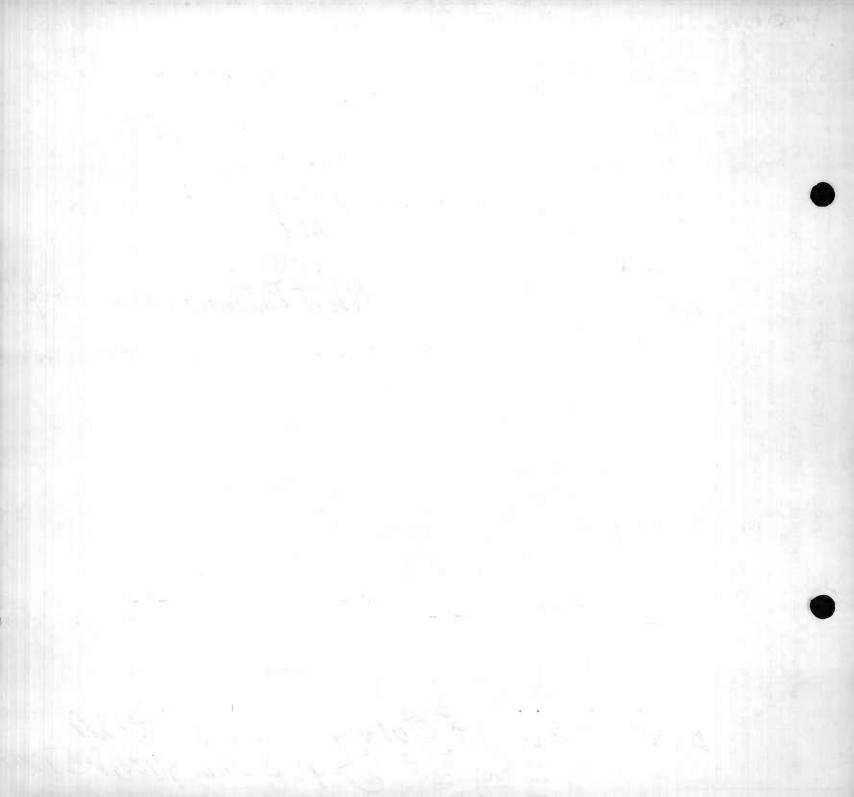
W-220 BIRTH NO.

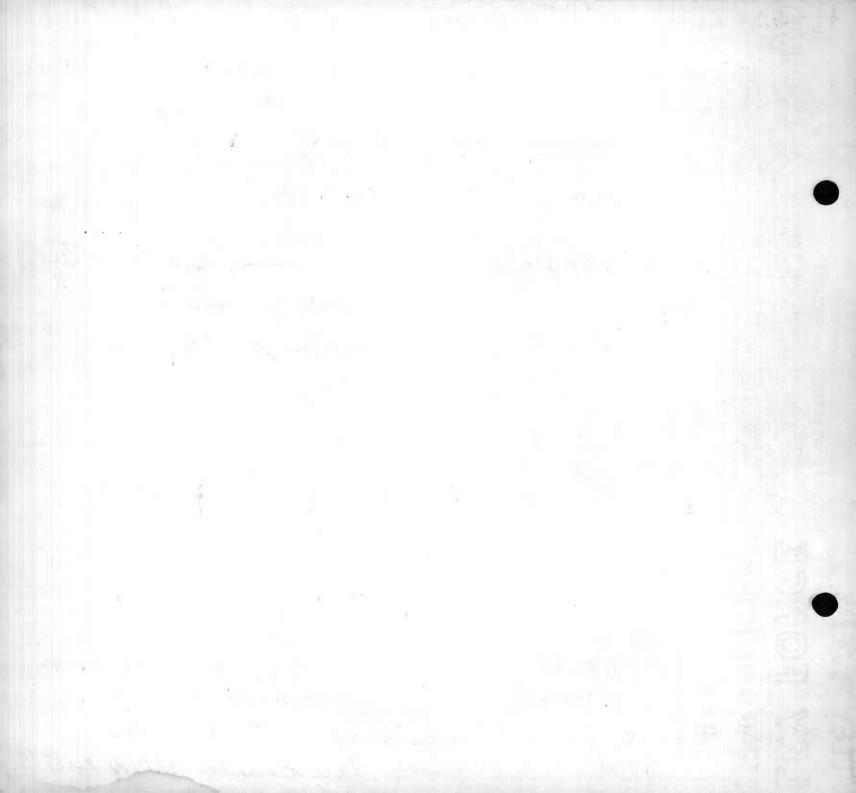
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Regis

BIRT	H NO.	ME	DICAL EX	AMINER'S CE	RTIFICAT	E OF D	EAIH Register	ed No.	
	CASE NO.								
1. N (Typ	AME OF DEC	FASEPIdam Jo	hn Wasowscz			July 22	1966	112:28 F	• M.
3. P	LACE IN BALT	MORE MARYLAND	, WHERE PRONOU	NCED DEAD	A. STATE			tution: residence before or NTY	dmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) TO THE PROPERTY OF THE PROP					C. CITY OR TOWN (II outside corporate limits, write RURAL and give township) Baltimore				
5	Johns Hopkins Hospital					6 N.Bel	nord Ave.		
5. S	EX ale	6. RACE White	WIDO WED, D	NEVER MARRIED	B. DATE OF BIRTH	1	9. AGE (In years lost birthdoy)	Months Doys Hours	24 Hrs. Min.
10A	ton USUAL OCCUPATION (Give kind of work 108, WIND OF BUSINESS OR INDUSTR) done during most of working life, evan if refired)			BUSINESS OR INDUSTRY	11. BIRTHPLACE		country)	12. CITIZEN OF WHAT COUNTRY?	
13. [FAURICO FATHER'S NAM John		Dear	zerean ozeose	14. MOTHER'S M.				
15.	0	D EVER IN U.S. AR	MED FORCES?	16. SO CIAL	17. INFORMANT	•		ADDRESS	
	, no or unknown)	(If yes, give wor or		SECURITY NO.	M	71:	///	1,26 N R-1-	.1 (1.
	No			213-03-3333	OF DEATH	ulla C.	Wasowicz	426 N. Belro	TWEEN
CERTIFICATION	DISEASES RISE TO THE UNDERLYIN	INTECENDENT CA OR CONDITIONS, E ABOVE CAUSE (A OR CONDITION LA II ONIFICANT CONDITION DEATH BUT NOT	USES IF ANY, GIVING A) STATING THE SST. ONS CONTRIBUTIN RELATED TO THE						
CERTI	19A. DATE OF			WHICH OPERATION	20A. AUTOPSY		OB. IF YES, WERE FIN N CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?	
MEDICAL	UNDERLYING CAU 21D TIME OF INJURY (APPROX.) 22.	July 22,190 rify that I held an ted fram: Natural LURE HUST IER'S	(Yeor) (Hour) 2 66 11:55 _{m.}	N. Belno OW DID INJUR f-infled	basis, death in mandetermined manner	ltimore t wound of he			
RE/	Burial CRE	7/26 BY HEALTH DEPT.	1/1966 23 24B, NAME	New (athedra OF REGISTRAR E SaleyMA	el Cemete	AL DIRECTOR	altimore,		Stote)
240	3.63 DEM 3./3.	er at the							



FULL NA HOSPITA INSTITUT	. OR oddress or loc			A. STATE B. COL	INTY "	stitution; residence before od
23 B	shus Hopkins altimore Harvland	s Hospit	a/	Ba Hima	If rural, give location	-02
5. SEX	6. RACE Negro OCCUPATION/Give kind of	WIDOWER	NEVER MARRIED D. DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under Months Doys Hours
done during n	ost of working life/even if retire			11. BIPTHPLACE (Stote & fo		12. CITIZEN OF WHAT COUNTRY?
	WILLIAM		11.	MARTHA BAR		
Wes, To dilun	eased Ever in U. S. Armed known (If yes, give wor or	dotes of service)	1 6. SOCIAL SECURITY NO.	Albert Pa	tleum 16	
1B.	ISEASE OR CONDITION LEADING TO DEA		(A)	uremía		INTERVAL BETWE
heart fo	aes na1 mean the made ilure, asthenia, etc. It me r camplication which cau	ans the disease,	DUE TO			
	ANTECEDENT CAU		DUE TO		* ************************************	00000
rise 1	ES OR CONDITIONS, 1 the abave cause (LYING CONDITION last.		(c) H	ypertension		>/0 ys
UNDER	the above cause (A) slating the	3	y pertension		>/0 yrs
TISE IN UNDER TO	I THE abave cause (LYING CONDITION Iasi. II SIGNIFICANT CONDITION: AE DEATH BUT NOT R E OR CONDITION CAUSIN TE OF OPERATION 198. C	A) stating the S CONTRIBUTING RELATED TO THE G IT.	G E WHICH OPERATION	20 A. AUTOPSY? (Yes or !	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OTHER TO THE TO	I he abave cause (LYING CONDITION last. II SIGNIFICANT CONDITIONS IE DEATH BUT NOT R E OR CONDITION CAUSIN TE OF OPERATION 198. C WAS CIDENT WAS UNDERLYING ITRIBUTING CAUSE OF (notify medical examine)	A) stating the S CONTRIBUTING RELATED TO THI G IT. CONDITION FOR V PERFORMED [218.	PLACE OF INJURY (e.g., form, foctory, street, o	20 A. AUTOPSY? (Yes or ?	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
VO OTHER TO THE T	I THE abave cause (LYING CONDITION Iasi. II SIGNIFICANT CONDITION: ALE DEATH BUT NOT R E OR CONDITION CAUSIN TE OF OPERATION 198. C WAS 3 CIDENT WAS UNDERLYIN. ITRIBUTING CAUSE OF (notify medical examiner) ALE (Month) (Doy) (Yelly)	A) stating the S CONTRIBUTING SELATED TO THI GOT. CONDITION FOR V PERFORMED 21B. hom etc.) cor) (Hour) 21E. Whi Wor	PLACE OF INJURY (e.g., ie, form, foctory, street, conjunt of the c	20 A. AUTOPSY? (Yes or ? NO n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	No) 20B. IF YES, WERE IN CERTIFYING CA (If in Boltimore	FINDINGS CONSIDERED USES OF DEATH? e City, give exact location)
OTHER TO THE TO	I he abave cause (LYING CONDITION last. II SIGNIFICANT CONDITION: IE DEATH BUT NOT R E OR CONDITION CAUSIN TE OF OPERATION 198. C WAS: CIDENT WAS UNDERLYING ITRIBUTING CAUSE OF (notify medical examine) ALE (Month) (Doy) (Yearly that (I) (this hospi	A) stating the state of the sta	PLACE OF INJURY (e.g., e. form, foctory, street, o	20 A. AUTOPSY? (Yes or ! NO n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	No) 208. IF YES, WERE IN CERTIFYING CA (If in Boltimore	FINDINGS CONSIDERED USES OF DEATH? e City, give exact location)
VO OTHER TO	I he abave cause (LYING CONDITION last. I SIGNIFICANT CONDITION: ALE DEATH BUT NOT R E OR CONDITION CAUSIN TE OF OPERATION 198. C WAS CIDENT WAS UNDERLYING ITRIBUTING CAUSE OF (notify medical examines) ALE (Month) (Doy) (Ye LETTER OF OPERATION 198. C WAS CIDENT WAS UNDERLYING ITRIBUTING CAUSE OF (notify medical examines) ALE (Month) (Doy) (Ye LETTER OF OPERATION 198. C WAS CIDENT WAS UNDERLYING ITRIBUTING CAUSE OF (notify that (1) (this hospi (we) lost saw the deceiver and from the couses:	A) stating the State of the Sta	PLACE OF INJURY (e.g., e. form, foctory, street, continued in the street of the street	20 A. AUTOPSY? (Yes or the NO nor about 21 C. WHERE DID fine bidg., INJURY OCCUR? 21 F. HOW DID IN 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	ODE TO THE STATE OF THE STATE O	FINDINGS CONSIDERED USES OF DEATH? City, give exact location)
NO OTHER TO THE DISEASE OF CONTROL TO THE TO THE DISEASE OF CONTROL TO THE DISEASE OF THE DISEAS	I he abave cause (LYING CONDITION last. I SIGNIFICANT CONDITION: ALE DEATH BUT NOT R E OR CONDITION CAUSIN TE OF OPERATION 198. C WAS CIDENT WAS UNDERLYING ITRIBUTING CAUSE OF (notify medical examines) ALE (Month) (Doy) (Ye LETTER OF OPERATION 198. C WAS CIDENT WAS UNDERLYING ITRIBUTING CAUSE OF (notify medical examines) ALE (Month) (Doy) (Ye LETTER OF OPERATION 198. C WAS CIDENT WAS UNDERLYING ITRIBUTING CAUSE OF (notify that (1) (this hospi (we) lost saw the deceiver and from the couses:	A) stating the state of the sta	PLACE OF INJURY (e.g., e, form, foctory, street, constitution of the street of the str	20 A. AUTOPSY? (Yes or the NO nor about 21 C. WHERE DID fine bidg., INJURY OCCUR? 21 F. HOW DID IN 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	Oo) 208. IF YES, WERE IN CERTIFYING CA (If in Boltimore) IJURY OCCUR?	FINDINGS CONSIDERED USES OF DEATH? City, give exact location) 17-66 19 nian death accurred an exact security and exact security.





00 07400	BALTIMOKE CIT	T HEALTH DEPARTMENT		00 07400
BIRTH NO. 66 U7490	CERTIFICA	TE OF DEATH	Registered Na.	66 07490
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AL	ND HOUR OF DEATH	
(Type or Print) MARGARET ELIZA	BETH DRURY	.101	Y 22 1966	6.25 P
B. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	ere deceased lived. If in	6:25 P
		MARYLAND	4 TY	
FULL NAME OF (If not in hospital or instit	ution, give street			4
INSTITUTION			itside city limits prite	PURAL and dive down hip)
ST. AGNES HOSPITAL		BALTIMORE		3 70
./^		D. STREET ADDRESS (If	tural, give location)	(-)
40		1605 SPENC	E STREET	(30/-
	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	IDOWED	1-24-10	56	
DA. USUAL OCCUPATION (Give kind of work 10B, KI	ND OF BUSINESS OR INDUSTR'	Y 11. BIRTHPLACE (State or fore	eign country)	12, CITIZEN OF
one during mast of working life, even if retired)	4-01	MARYLAND		WHAT COUNTRY?
NONE House work - a	1 Home			0.3.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
THE ELITAINE	SANK	MARGARET S	UMMERS	
5. Was Deceased Ever in U. S. Armed Forces?	1 6, SOCIAL	17. INFORMANT AND	CATON AVEN	IUE ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of se	security No.	ST ACMES H	OSPITAL DE	CORDS-WILKENS
	-		JOF ITAL RE	
1B. 171 X I	CAUSE	OF DEATH	^	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		7	//	
LEADING TO DEATH	(A)	ervix in	8-K	mos.
(This does not mean the made of dying, heart foilure, osthenia, etc. (I means the di	e.g., DUE TO	OLIVA - DO	int distant	01
injury or complication which coused death.		EUU CX C.VI	anuna	
ANTECEDENT CAUSES	(B)		w# ## ## # ## ## ## ## ## ## ## ## ## ##	
DISEASES OR CONDITIONS, if ony,				
rise to the above cause (A) stoting	the (C)	**************************************		
UNDERLYING CONDITION last.				
, II				
OTHER SIGNIFICANT CONDITIONS CONTRIL	O THE			
DISEASE OR CONDITION CAUSING IT.				
194. DATE OF OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
THE COLUMN				
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., home, form, foctory, street,	office bldg. INTURY OCCUR?	(If in Boltimor	e City, give exact location)
▼ DEATH (notify medical examiner)	etc.)	onice siags, insort occor.		
O 21D. TIME (Month) (Doy) (Year) (Hour	21E INJURY OCCURRED	21F. HOW DID IN.	ILLEY OCCUP?	
S OF INJURY	While At Not Whi		OKI OCCOK.	
(APPROX.)	Work At Work			
22. I certify that **() (this hospital) atten	ided the deceased fram	1111 18 18	19 66 to 1	III V 22 19 6
that (X (we) lost saw the deceased alive	e on 1111 V 22	10 184 and 11	ice (aur) (Ner) co	plan dooth assured as the
				mon death accorred an the c
and hour and from the couses stated abo	ve. () (We) (dld) (dix na)	view the bady after death.		
23A. SIGNATURE				23B, DATE SIGNED
grigon gyt	QC M.D. At	tending Med. ys. Director	Stoff Phys.	7-22-66
23C. PHYSICIAN'S	1	23D. ADDRESS		
NAME (Type) Androh A	tac M.D.	ST. AGNES HO	SPITAL	
AA. BURIAL CREMATION, 248, DATE				** **
REMOVAL (Specify)	24C. NAME of CEMETERY OF CE	REMATORY 24D. L	OCATION (C	ity, town, or county) (State
Burial 7 26/66	new Pathodra	1. Can. B.	alteriore	md.
SA. DATE REC'D BY HEALTH DEPT. 258, N	AME OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
JUL 25 1966 P.C.	of E. FarberMA	John J-	Cowans .	low The 21.60:
VS 150-REV. 1/1/65		1 1		Aucti
3 100-RE 7: 1/1/03				23 ma

TALL OF BUILDING

- X -- 17 J

-411-1

Valley o

C. C. Touburn

DI COLUMNIA OF

Since The Hear Cathedral Tom Buttomer Mich.

CASHIDIA-AND CO. LONG. COURT BANK . Y

E 144145 6 371117 EUL EN

Difference of the state of the

was Honardole at House.

SON BURNEY

2.11

VS 150-REV. 1/1/65

Tiller State State

2007 THE PERSON OF SHORT AND ASSESSMENT OF THE PERSON OF T

MENUTY SANOTURE INTERESTINATION OF THE PARTY OF THE PARTY.

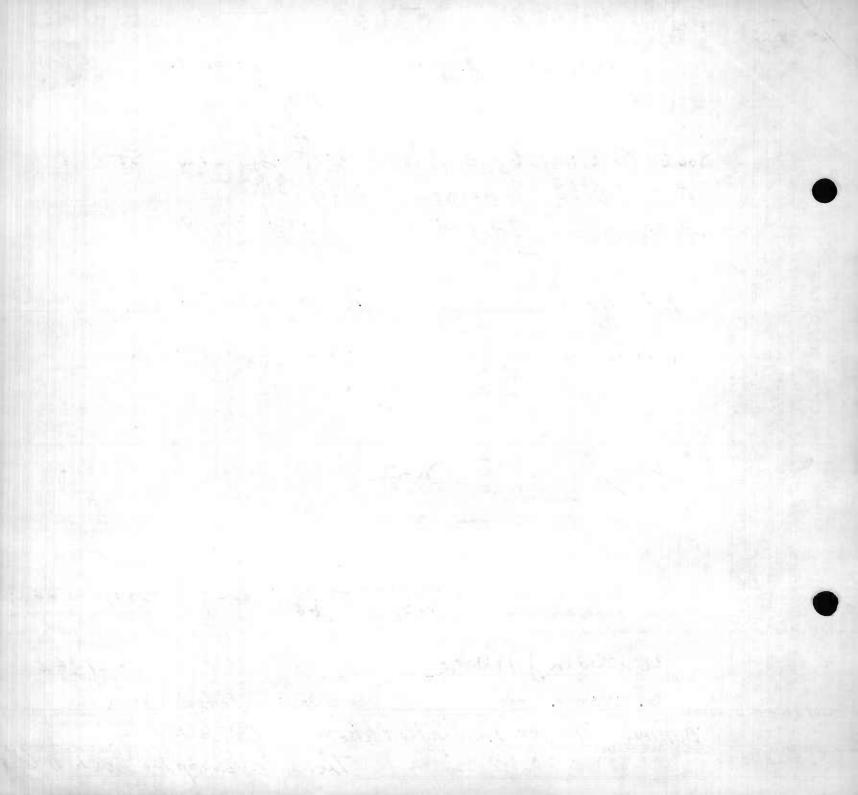
SKSTUTE STORE JEST KOLDEN SZIEN LED LED STORE

TOTAL TOTAL CONTRACTOR OF THE PARTY OF THE P

IMPORTANT

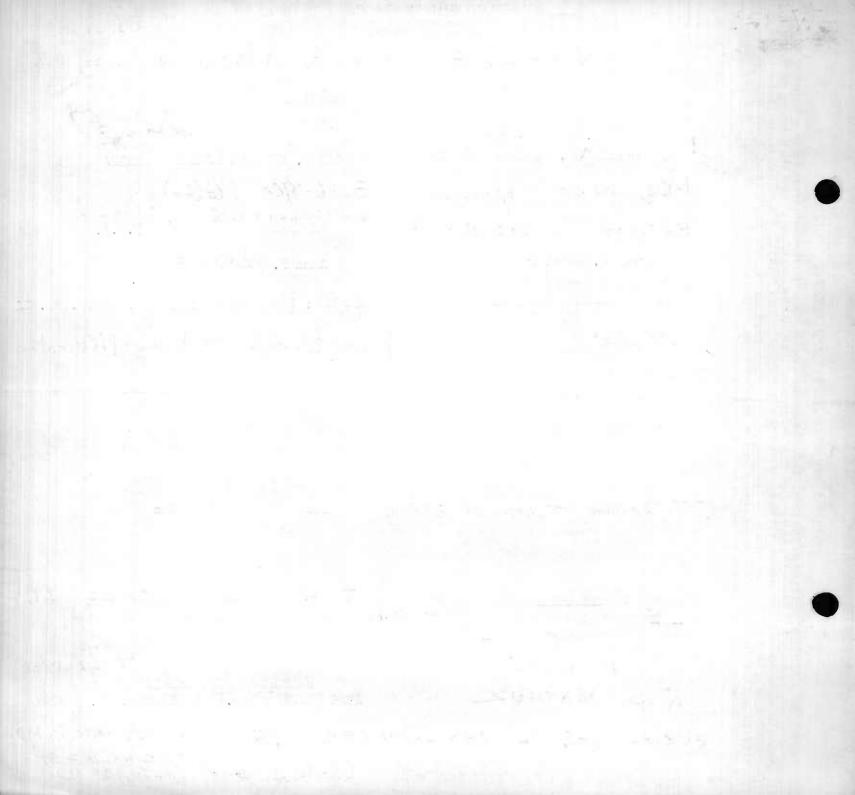
FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT



1. NAME OF DECEASED	
(Type or Print) William A. Cale	2. DATE AND HOUR PRONOUNCED DEAD 7/21/66 8:43 p.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission and a start and a
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STR	Delaware
OSPITAL OR ADDRESS OR LOCATION) ISTITUTION	New Castle
11/	D. STREET ADDRESS (If rurol, give locotion)
Union Memorial Hospital	9 Holcomb Lane
SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specif	
male colored masual occupation (Give kind of work 108. KIND OF BUSINESS OR II	INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF
one during most of working life, even if retired)	WHAT COUNTRY?
3. FATHER'S NAME	14. MOTHERS MAIDEN NAME
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL	17. INFORMANT ADDRESS & LA COMMENTAL ADDRESS
es, no or unknown) (If yes, give wor or dotes of service)	10. ADDRESS PLOC CON
118.	CAUSE OF DEATH ALL ALL PHAN CARTLE MAGEN
400.1	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	rteriosclerotic cardiovascular disease
(This does not mean the made of dying, e.g., heat failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE	TO
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	IN CERTIFYING CAUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A, EXTERNAL CAUSE WAS 21B. PLACE OF INJU	no IN CERTIFYING CAUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 179B, CONDITION FOR WHICH OPERATION WAS PERFORMED 21B, PLACE OF INJU DISEASE OR CONTRIB- 21B, PLACE OF INJU home, form, foctory,	IN CERTIFYING CAUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A, EXTERNAL CAUSE WAS 121B, PLACE OF INJU Home, form, foctory, etc.) 21D TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCC	JRY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exect location) street, office bldg., INJURY OCCUR?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION WAS PERFORMED 21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCUPANCY (APPROX.) WHILE AT WORK	JRY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exect location) street, office bldg., INJURY OCCUR?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UNDORLYING OR CONTRIB- UNDORLYING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCC OF INJURY (APPROX.)	IN CERTIFYING CAUSES OF DEATH? JRY (e.g., in or obout 21C. WHERE DID steet, office bidg., INJURY OCCUR? CURRED 21F. HOW DID INJURY OCCUR?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Yeor) (Hour) (APPROX.) 22.	IN CERTIFYING CAUSES OF DEATH? JRY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exect location) street, office bldg., INJURY OCCUR? CURRED 21F. HOW DID INJURY OCCUR?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCUPANTION OF INJURY (APPROX.) 22. I certify that I held an Inquiry Inspection of the contribution o	IN CERTIFYING CAUSES OF DEATH? JRY (e.g., in or about 21C. WHERE DID steet, office bidg., INJURY OCCUR? CURRED 21F. HOW DID INJURY OCCUR? NOT WHILE AT WORK Autapsy and that an this basis, death in my apinian Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJU home, form, foctory, etc.) WHILE AT OF INJURY (APPROX.) 1 certify that I held an Inquiry Inspection resulted fram: Natural causes X ACTUAL SIGNATURE	IN CERTIFYING CAUSES OF DEATH? JRY (e.g., in or obout 21C. WHERE DID street, office bidg., INJURY OCCUR? CURRED NOT WHILE AT WORK Autapsy and that an this basis, death in my apinian Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED M.D. ASSISTANT MEDICAL EXAMINER
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCC OF INJURY (APPROX.) 22. I certify that I held an Inquiry Inspection resulted fram: Natural causes X Accident ACTUAL SIGNATURE EXAMINER'S WETNET U. Spitz, M.D.	IN CERTIFYING CAUSES OF DEATH? JRY (e.g., in or obout 21C. WHERE DID street, office bidg., INJURY OCCUR? CURRED NOT WHILE AT WORK Autapsy and that an this basis, death in my apinian Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DID (If in Boltimore City, give exact location) Undetermined manner DATE SIGNED
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJU home, form, foctory, etc. home, form, foctory, etc. WHILE AT WORK 22. I certify that I held an Inquiry Inspection resulted fram: Natural causes X ACTUAL SIGNATURE EXAMINER'S WETNET U. Spitz, M.D. NAME (Type) 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEM	IN CERTIFYING CAUSES OF DEATH? JRY (e.g., in or obout 21C. WHERE DID street, office bidg., INJURY OCCUR? CURRED NOT WHILE AT WORK Autapsy and that an this basis, death in my apinian Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED M.D. ASSISTANT MEDICAL EXAMINER
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJU home, form, foctory, etc.) WHILE AT WORK 22. I certify that I held an Inquiry Inspection resulted fram: Natural causes X ACTUAL SIGNATURE EXAMINER'S NAME (Type) 23A. BURIAL CREMATION, REMOVAL (Specify) 23B. DATE 23C. NAME of CENTRE	IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct locotion) Street, office bidg., INJURY OCCUR? CURRED 21F. HOW DID INJURY OCCUR? NOT WHILE AT WORK WALTERY OF CREMATORY AND ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 7/22/66 CMETERY OF CREMATORY 23D. LOCATION (City, town, or county) (Stote)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UNDERLYING OR WHICH OPERATION WAS PERFORMED 21B. PLACE OF INJU home, form, foctory, etc., WHILE AT WORK 22. I certify that I held an Inquiry Inspection resulted fram: Natural causes X Accident OR ACTUAL SIGNATURE EXAMINER'S WETNEY U. Spitz, M.D. NAME (Type) A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEN	IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct locotion) Street, office bidg., INJURY OCCUR? CURRED 21F. HOW DID INJURY OCCUR? NOT WHILE AT WORK A utapsy and that an this basis, death in my apinian Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 7/22/66 METERY or CREMATORY 23D. LOCATION (City, lown, or county) Stole) Thank 24C. FUNERAL DIRECTOR ADDRESS 5 78

La Start Side of the Date of the Start of The state of the state of the state of the state of



	M.E. CASE NO. 1. NAME OF DECEASED					2 DATE AND	HOUR PRONOUNC	ED DEAD		
(Type or I	Print)	JO	HN O. W	AGLIE		7-24-6			:20 A. M.	
3. PLACE	IN BALTIMORE, MA				4. USUAL RESI A. STATE Mary1		eceased lived. If insti B. COU	itution: residence		
HOSPITAL	INSTITUTION			c. city or to	WN (If outside	corporate limits, write	RURAL and give	to waship)		
79				D. STREET ADDRESS (If rurol, give locotion) 3001 Mardel Avenue 21230						
5. SEX	6. RACE Whi			NEVER MARRIED DIVORCED (specify)	B. DATE OF BIR		9. AGE (In years last birthdoy) 52		If Under 24 Hrs. Hours Min.	
done durin		ve kind of work ven if relired)		BUSINESS OR INDUSTRY		(State or foreign		12. CITIZEN OF	NTRY?	
	R'S NAME	Waglie			Norway 14. MOTHER'S MAIDEN NAME					
(Yes, na ar	unknown) (If yes, give	U.S. ARMED		16. SO CIAL SECURITY NO.	Signs 17. INFORMANT			ADDRESS		
NO 18.	er. (x a)			CAUSE		Waglie	2743 Mart	INTER	VAL BETWEEN	
(Th	LEADING	TO DEATH		No Carl J. Waglie 2743 Marbourne A 18.						
hei	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					a pericon	[T 6 TD	••••••	000000000xx000000000000000000000000000	
DI:	ANTECENDE SEASES OR CONDI E TO THE ABOVE C	tc. It means hich caused d	the disease, leoth.) S NY, GIVING	OUE TO (B) P6 DUE TO			lcer of sto	omach		
FICATION STATE OF THE PROPERTY	ANTECENDE ANTECENDE SEASES OR CONDE E TO THE ABOVE CONDE I DERLYING CONDE	IT means hich coused d ENT CAUSES ITIONS, IF AN AUSE (A) STATION LAST. II CONDITIONS (JT NOT REL.	the disease, leath,) S NY, GIVING ATING THE CONTRIBUTIN ATED TO TH	(B)		peptic u	***************************************	omach		
L CERTIFICATION ON SING	ANTECENDE ANTECENDE E TO THE ABOVE C IDERLYING CONDI HER SIGNIFICANT C THE DEATH BU SEASE OR CONDITION DATE OF OPERATION	ENT CAUSES ENT CAUSES ITIONS, IF AN AUSE (A) ST. TION LAST. II CONDITIONS (JT NOT REL. NOT REL. NOT REL. WAS PERF	the disease, leath,) S NY, GIVING ATING THE CONTRIBUTINATED TO THE IT. DITION FOR VORMED	(C)	PART	peptic u	lcer of sto	NDINGS CONSID	ERED	
EDICAL CERTIFICATION STATE TO T	ANTECENDE ANTECENDE E TO THE ABOVE C IDERLYING CONDI HER SIGNIFICANT C THE DEATH BU SEASE OR CONDITIO	ENT CAUSES ENT CAUSES ETIONS, IF AN CAUSE (A) ST, TION LAST. II CONDITIONS (JT NOT REL ON CAUSING N 198, CONE WAS PERF	the disease, leath,) S NY, GIVING ATING THE CONTRIBUTINATED TO THE IT. DITION FOR VORMED	(B) PE DUE TO (C)	PART 20A, AUTOPS Ye in or obout 21C.	Peptic U	lcer of sto	NDINGS CONSID	ERED	
AL CERTIFICATION OL	ANTECENDE ANTECENDE SEASES OR CONDE THE DEATH BU SEASE OR CONDITION ANTECENDE TO THE ABOVE C I DERLYING CONDITION CONDITION	ENT CAUSES ENT CAUSES ETIONS, IF AN CAUSE (A) ST, TION LAST. II CONDITIONS (JT NOT REL ON CAUSING N 198, CONE WAS PERF	the disease, leath,) S NY, GIVING ATING THE CONTRIBUTINATED TO THE IT. DITTON FOR VORMED (Hour) (Hour) 21 (Hour) 21 (Hour)	(B)	PART 20A. AUTOPS Ye in or obout 21C. office bldg. NJUI	Peptic U	lcer of sto	NDINGS CONSID	ERED	
MEDICATION AND STATE OF THE OF	ANTECENDE ANTECENDE SEASES OR CONDE THE ABOVE C IDERLYING CONDE HER SIGNIFICANT C THE DEATH BU SEASE OR CONDITION DATE OF OPERATION EXTERNAL CAUSE W EXTERNAL CAUSE OF DEATH TIME (Month) JURY OX.)	II means hich caused d ENT CAUSES TIONS, IF AN CAUSE (A) STATION LAST. III CONDITIONS (J) TO REL ON CAUSING N 198. CONE WAS PERFO	the disease, leoth,) S NY, GIVING ATING THE CONTRIBUTIN ATED TO TH IT. DITION FOR V ORMED (Hour) (Hour) Quiry	(B) DUE TO (B) DUE TO (C) OF INJURY (e.g., of farm, factory, street, of the injury occurred occurred of the injury occurred oc	PART 20A. AUTOPS Ye in or obout 21C. office bldgNJUI	TAI. Y? (Yes or No) 20 S WHERE DID (IF IY OCCUR?	DB. IF YES, WERE FIT I CERTIFYING CAUS Y in Boltimore City, give the bosis, death in many control of the contro	NDINGS CONSID SES OF DEATH? ES ve exoct lacution)	ERED	
MEDICAL CERTIFICATION OF THE CATION OF THE C	ANTECENDE ANTECENDE SEASES OR CONDI E TO THE ABOVE C IDERLYING CONDI HER SIGNIFICANT C THE DEATH BU SEASE OR CONDITION DATE OF OPERATION EXTERNAL CAUSE W RILYING OR CONTR G CAUSE OF DEAT TIME (Month) JURY OX.) I certify that I is resulted from:	II means hich caused d ENT CAUSES TIONS, IF AN CAUSE (A) STATION LAST. III CONDITIONS (J) TO REL ON CAUSING N 198. CONE WAS PERFO	the disease, leoth,) S NY, GIVING ATING THE CONTRIBUTIN ATED TO TH IT. DITION FOR V ORMED (Hour) (Hour) Quiry	(B) DUE TO (B) DUE TO (C) OF INJURY (e.g., farm, factory, street, farm, farm	PART 20A. AUTOPS Ye in or about 21C. Office bldg. INJUI 21F. H WHILE CHIEF I	TAI. Y? (Yes or No) 20 S WHERE DID (If YY OCCUR? IN OCCUR? Ind thot on this side Un	DB. IF YES, WERE FIT I CERTIFYING CAUS Y OCCUR?	NDINGS CONSIDIES OF DEATH? CS ve exoct lacution) my opinion er	ERED TE SIGNED	
DISTRICT OF IN CAPPR 21 DO F IN CAPPR 22.	ANTECENDE ANTECENDE SEASES OR CONDE E TO THE ABOVE C IDERLYING CONDE HER SIGNIFICANT C THE DEATH BU SEASE OR CONDITION DATE OF OPERATION EXTERNAL CAUSE W ERLYING OR CONTR G CAUSE OF DEAT TIME (Month) JURY OX.) I certify that I I resulted from: ACTUAL SIGNATURE EXAMINER'S	II meons coused dent caused de	the disease, leoth,) S NY, GIVING ATING THE CONTRIBUTINATED TO THE IT. DITION FOR VORMED (Hour) (Hour) 218. I home, etc.) (Hour) A sees X A	(B) DUE TO (B) DUE TO (C) OF INJURY (e.g., farm, factory, street, farm, farm	PART 20A. AUTOPS Ye in or obout 21C. office bldg. NJUI 21F. F	TAI. Y? (Yes or No) 20 S WHERE DID (If YY OCCUR? IN OCCUR? Ind thot on this side Un	Icer of sto	NDINGS CONSIDES OF DEATH? 'ES ve exact lacution) my opinion er		
NO I TO DISTRIBUTION OF IN (APPR 22.	ANTECENDE ANTECENDE SEASES OR CONDE E TO THE ABOVE C IDERLYING CONDE HER SIGNIFICANT C THE DEATH BU SEASE OR CONDITION DATE OF OPERATION EXTERNAL CAUSE W RILLING OR CONTR CAUSE OF DEAT TIME (Month) I Certify that I I resulted from: ACTUAL SIGNATURE EXAMINER'S NAME (Type) R	II meons coused dent caused de	the disease, leoth,) S NY, GIVING ATING THE CONTRIBUTING ATED TO THE IT. DITION FOR VORMED (Hour) Quiry Sessy BREITEN	IG (C)	PART 20A. AUTOPS Ye in or obout 21C. office bldg. NJUI 21F. F	TAI. Y? (Yes or No) 20 S WHERE DID (IF YY OCCUR? IN OCCUR? IN OCCUR? IN OCCUR? IN OCCUR? IN OCCUR?	DB. IF YES, WERE FIND CAUSE IN Boltimore City, given the control of the control o	NDINGS CONSIDES OF DEATH? 'ES ve exact lacution) my opinion er	TE SIGNED	

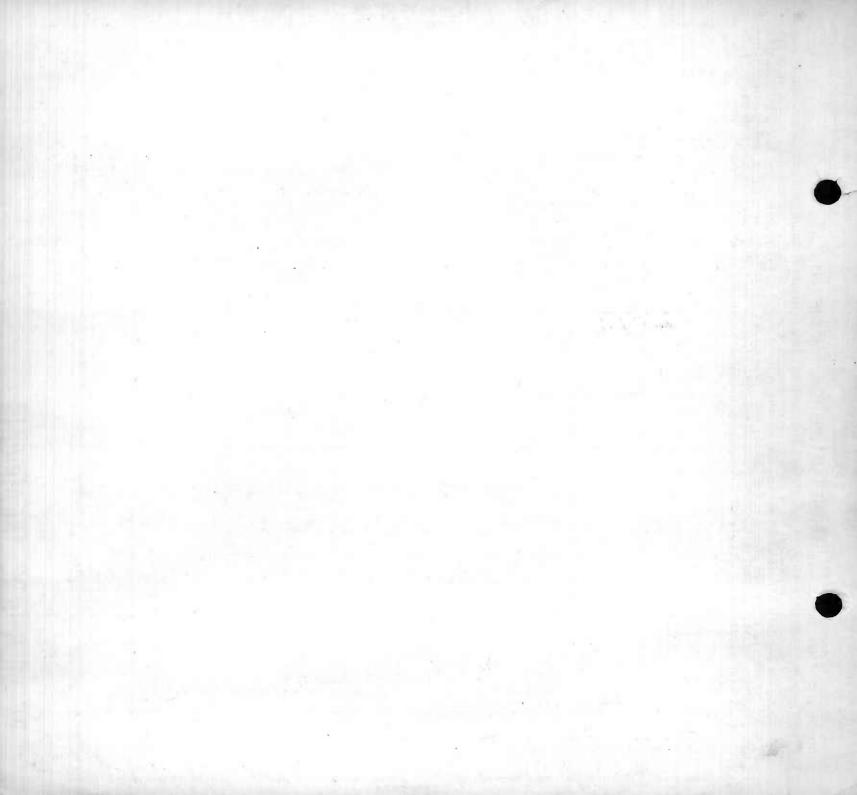
na is Event of the state DVANCES NEW DATES X AND WARRED TO THE PROPERTY ASSESSMENT OF THE PARTY OF THE PARTY ASSESSMENT OF THE PARTY OF THE P

Local Martin Committee of the Control of the Control the second the second . The Sentence Total Control to Live State of the Control News

IMPORTANT

FUNERAL DIRECTOR:

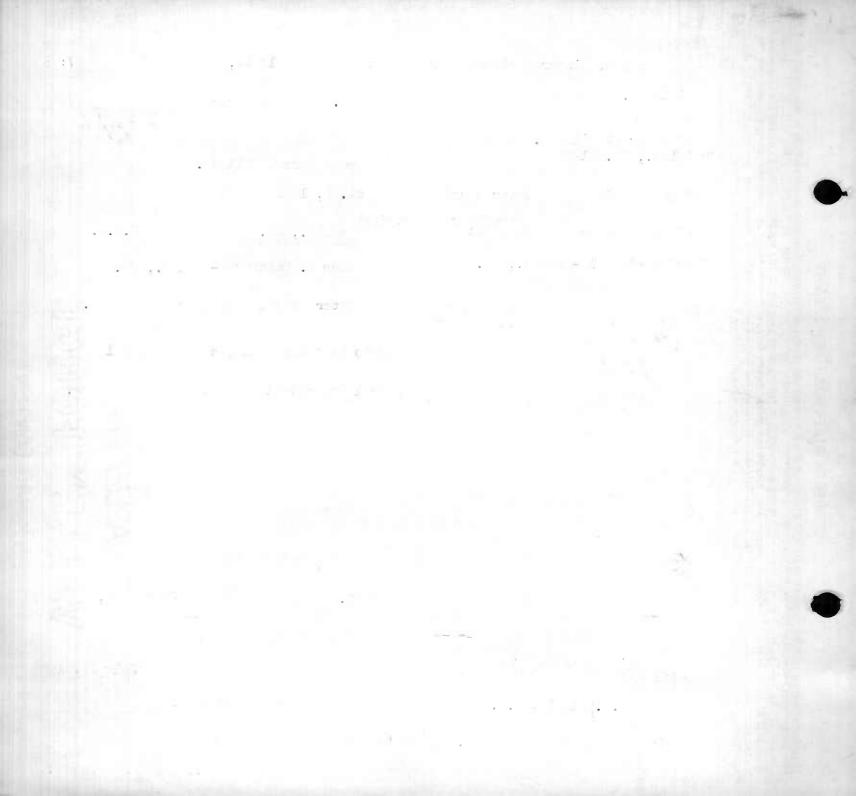
BALTIMORE CITY HEALTH DEPARTMENT



District Land Ballioner . Maryland 3123 slint got of Donatha 103 N Essex Aug E Common widowed 21 July 404 63 Ruth Completed 103 W Larry Porter Rosalie Spencer Bill and 3 ATTENA Variationales Fiberlation Pulming Eden C1-11 20 Fred A Road 520 VE (1-1 16 But cty Joseph C

VS 150-REV. 1/1/65

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	00	TY HEALTH DEPARTMENT	66 07499
RTH NO. 660748	CERTIFIC	AIL OF BLATT	ed No.
NAME OF DECEASED	(2. DATE AND HOUR OF	
McCabe, Sister	Hortense (Mary The	resa) July 22, 196	red. If institution, residence before admission
		A. STATE B. COUNTY	ed. II IIIsinonoii, residence dellore domissio
FULL NAME OF Of Oddress or location	or institution, give street	Md. Baltimore	
INSTITUTION		C. CITY OR TOWN (If outside city limits	(write RURAL and give low ship)
4000 Forest Hill Rd		D. STREET ADDRESS (If rurol, give loca	otion)
4 Balto., Md. 21207			
	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In ye	
Female White	Never married (specify)	Oct. 6, 1882 83	Months Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work	108, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
one during most of working life, even if retired)	(Daughter of Char Hospital	rity)	WHAT COUNTRY?
Business Manager	nospical	Balto., Md.	U.D.A.
Charles Michael - Bal	to Md.		-14 - 1/4
		Ellen C. McIntyre - E	ADDRESS
. Was Deceased Ever in U. S. Armed Forces, no or unknown) (If yes, give wor or date:	s of service) SECURITY NO.		
no	none	Sister Andrea, 4000 F	
18. 422.11		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIR		21. 27. 20. 20.22.	7 weeks
(This does not meen the made at	dying, e.g., OUE TO	rdio Vascular Collapse	1 week
hand faller and the	at Property		
heart loiture, osthenia, etc. It means	death)		
injury ar camplication which coused	deoth.) (B) Ger	meral Arteriosclerosis ?	4 yrs.
injury or complication which coused ANTECEDENT CAUSES	deoth.) (B) Ger	meral Arteriosclerosis ?	4 yrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A)	deoth.) (B) Ger DUE TO	neral Arteriosclerosis ?	4 yrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if	deoth.) (B) Ger DUE TO	meral Arteriosclerosis ?	4 yrs.
DISEASES OR CONDITIONS, if tise to the above cause (A) UNDERLYING CONDITION last.	deoth.) (B) Ger DUE TO any, giving stoling the (C)	neral Arteriosclerosis ?	ų yrs.
DISEASES OR CONDITIONS, if tise to the above cause (A) UNDERLYING CONDITION last.	deoth.) (B) Ger DUE TO any, giving stoling the (C) ONTRIBUTING STED TO THE	neral Arteriosclerosis ?	4 yrs.
DISEASES OR CONDITIONS, if tise to the above cause (A) UNDERLYING CONDITION last.	deoth.) (B) GeT DUE TO any, giving stoling the (C) ONTRIBUTING STED TO THE T. DITION FOR WHICH OPERATION		
DISEASES OR CONDITIONS, if tise to the above cause (A) UNDERLYING CONDITION last.	deoth.) (B) GeT DUE TO any, giving stoling the (C) ONTRIBUTING STED TO THE T. DITION FOR WHICH OPERATION	Deral Arteriosclerosis ? 20A. AUTOPSY? (Yes or No) 20B. IF YES IN CERTIFY	
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CAUSING II 194-DATE OF OPERATION 198. CONTRIBUTIONS CAUSE OR CONTRIBUTIONS CAUSE OR CONTRIBUTIONS CAUSE OF CAUS	deoth.) (B) GeT DUE TO DUE TO ONTRIBUTING VECTOR TO THE T. DITION FOR WHICH OPERATION FORMED [218. PLACE OF INJURY (e.g.)	20 A. AUTOPSY? (Yes or No) 20 B. IF YES IN CERTIFY	
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if or ise to the obave cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CAUSE OR CONDITION CAUSING I 198-DATE OF OPERATION 198-CON WAS PERFORM OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)	deoth.) (B) GeT DUE TO DUE TO ONTRIBUTING VECTOR TO THE T. DITION FOR WHICH OPERATION FORMED [218. PLACE OF INJURY (e.g.)	20A. AUTOPSY? (Yes or No) 20B. IF YES IN CERTIFY	, WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if or ise to the above cause (A) UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING I 198. CON WAS PERFORM CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 210. TIME (Month) (Doy) (Year)	deoth.) (B) GeT DUE TO DUE TO ONTRIBUTING VIED TO THE T. DITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	20 A. AUTOPSY? (Yes or No) 20 B. IF YES IN CERTIFY	WERE FINDINGS CONSIDERED ING CAUSES OF DEATH? Boltimore City, give exact location)
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if or itse to the above cause (A) UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CAUSE OR CONDITION CAUSING IN 19A-DATE OF OPERATION 19B. CON WAS PERFORM CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	deoth.) (B) Ger DUE TO DUE TO any, giving stoling the (C) ONTRIBUTING (C) (Hour) 218. PLACE OF INJURY (e.g. total) (Hour) 218. PLACE OF INJURY (e.g. total) (Hour) 218. INJURY OCCURRED (C) While At Not W	20.A. AUTOPSY? (Yes or No) 20.B. IF YES IN CERTIFY DO Sp. in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	WERE FINDINGS CONSIDERED ING CAUSES OF DEATH? Boltimore City, give exact locotion)
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if or ise to the above cause (A) UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON WAS PERFORM CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	deoth.) (B) Ger DUE TO DUE TO Any, giving stoling the (C) ONTRIBUTING TED TO THE TED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES IN CERTIFY DO in or obout 21 C. WHERE DID (If in office bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR?	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH? Boltimore City, give exact location)
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if or itse to the above cause (A) UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITION CAUSING IT OTHE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING IT 19A-DATE OF OPERATION 19B. CONWAS PERFORM CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 21. TILL TILL (Month) (Doy) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this hospital	deoth.) (B) GeT DUE TO DUE TO Any, giving sloling the (C) ONTRIBUTING STED TO THE T. DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Work At Work Ottended the deceased from	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES IN CERTIFY OF No. INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? /hile	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH? Boltimore City, give exact location) July 22 , 19 66
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if or ise to the above cause (A) UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS CAUSING IT OF THE DEATH BUT NOT RELATIVE TO THE DEATH (NOTIFICAL STRONG) 19A. DATE OF OPERATION 19B. CON WAS PERFORM CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this hospital that (I) (we) last saw the decease	deoth.) (B) Ger DUE TO DUE TO any, giving stoling the (C) ONTRIBUTING (TED TO THE TED TO THE TE	20 A. AUTOPSY? (Yes or No) 20 B. IF YES IN CERTIFY DO IN CERTIFY Office bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? /hile 21 F. HOW DID INJURY OCCUR? Sept. 19 62 to ond that in (my) (4	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH? Boltimore City, give exact location) July 22 , 19 66
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if or ise to the abave cause (A) UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING I 198. CON WAS PERFORM CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 21D. TIME (Month) (Doy) (Year) (APPROX.) 22. I certify that (I) (this hospital that (I) (we) last saw the decease and hour and from the couses stated.	deoth.) (B) Ger DUE TO DUE TO any, giving stoling the (C) ONTRIBUTING (TED TO THE TED TO THE TE	20 A. AUTOPSY? (Yes or No) 20 B. IF YES IN CERTIFY DO IN CERTIFY Office bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? /hile 21 F. HOW DID INJURY OCCUR? Sept. 19 62 to ond that in (my) (4	WERE FINDINGS CONSIDERED ING CAUSES OF DEATH? Boltimore City, give exoct locotion) July 22, 19 66
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if or ise to the above cause (A) UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS CAUSING IT OF THE DEATH BUT NOT RELATIVE TO THE DEATH (NOTIFICAL STRONG) 19A. DATE OF OPERATION 19B. CON WAS PERFORM CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this hospital that (I) (we) last saw the decease	deoth.) (B) Ger DUE TO DUE TO DUE TO Any, giving stoling the (C) ONTRIBUTING (TED TO THE TED T	20A. AUTOPSY? (Yes or No) 20B. IF YES IN CERTIFY DO IN CERTIFY Of No INCOLUTE OF NO IN CERTIFY OF NO INCOLUTE	WERE FINDINGS CONSIDERED ING CAUSES OF DEATH? Boltimore City, give exact location) July 22, 19 66 PAUE) oplinion death occurred on the december of the dece
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CAUSE OF CONDITION CAUSING I's part of OPERATION 198. CON WAS PERFORM CONDITION CAUSING I's part of OPERATION 198. CON WAS PERFORM CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21. TILL TILL (Month) (Doy) (Year) OPERATION (APPROX.) 22. I certify that (I) (this hospital that (I) (we) last saw the decease and hour and fram the causes state 23A. SIGNATURE	ONTRIBUTING STORMED 21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Work (I) ottended the deceased from ted above. (i) (We) (did) (did not work)	20 A. AUTOPSY? (Yes or No) 20 8. IF YES IN CERTIFY OF No office bidg., IN JURY OCCUR? 21 F. HOW DID INJURY OCCUR? 22 F. HOW DID INJURY OCCUR? 23 F. HOW DID INJURY OCCUR? 24 F. HOW DID INJURY OCCUR? 25 F. HOW DID INJURY OCCUR? 26 F. HOW DID INJURY OCCUR? 27 F. HOW DID INJURY OCCUR? 28 F. HOW DID INJURY OCCUR? 29 F. HOW DID INJURY OCCUR? 20 F. HOW DID INJURY OCCUR? 20 F. HOW DID INJURY OCCUR? 20 F. HOW DID INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? 22 F. HOW DID INJURY OCCUR? 23 F. HOW DID INJURY OCCUR? 24 F. HOW DID INJURY OCCUR? 25 F. HOW DID INJURY OCCUR? 26 F. HOW DID INJURY OCCUR? 27 F. HOW DID INJURY OCCUR? 28 F. HOW DID INJURY OCCUR? 29 F. HOW DID INJURY OCCUR? 20 F. HOW DID INJURY OCCUR? 20 F. HOW DID INJURY OCCUR? 20 F. HOW DID INJURY OCCUR? 21 F. HOW DID INJURY OCCUR?	WERE FINDINGS CONSIDERED ING CAUSES OF DEATH? Boltimore City, give exact location) July 22, 19 66
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if or ise to the abave cause (A) UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING I 198. CON WAS PERFORM CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 21D. TIME (Month) (Doy) (Year) (APPROX.) 22. I certify that (I) (this hospital that (I) (we) last saw the decease and hour and from the couses stated.	ONTRIBUTING STORMED 21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Work (I) ottended the deceased from ted above. (i) (We) (did) (did not work)	20A. AUTOPSY? (Yes or No) 208. IF YES IN CERTIFY DO IN CERTIFY Office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? Attending Med. Staff Phys. Med. 23D. ADDRESS	WERE FINDINGS CONSIDERED ING CAUSES OF DEATH? Boltimore City, give exect locotion) July 22, 19 66 23B. DATE SIGNED July 22, 1966
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING I 19A. DATE OF OPERATION 19B. CON WAS PERFORM CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this hospital that (I) (we) last saw the decease and hour and fram the causes state 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	ONTRIBUTING STORMED 21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Work (I) ottended the deceased from ted above. (i) (We) (did) (did not work)	20A. AUTOPSY? (Yes or No) 20B. IF YES IN CERTIFY NO IN CERTIFY Office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? /hile	July 22, 1966 July 22, 1966
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if tise to the above cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CAUSE OF CONDITION CAUSING I 19A-DATE OF OPERATION 19B-CON WAS PERFORM (APPROX.) 21.A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examinet) 21.D. TIME (Month) (Day) (Year) (APPROX.) 22. I certify that (I) (this hospital that (I) (we) last saw the decease and hour and fram the causes state 23A, SIGNATURE 23.C. PHYSICIAN'S NAME (Type)	deoth.) (B) Ger DUE TO DUE TO Any, giving stoling the (C) ONTRIBUTING T. DITION FOR WHICH OPERATION PORMED 218. PLACE OF INJURY (e.g. the control of	20A. AUTOPSY? (Yes or No) 20B. IF YES IN CERTIFY	WERE FINDINGS CONSIDERED ING CAUSES OF DEATH? Boltimore City, give exect locotion) July 22, 19 66 23B. DATE SIGNED July 22, 1966
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING I 19A. DATE OF OPERATION 19B. CON WAS PERFORM CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this hospital that (I) (we) last saw the decease and hour and fram the causes state 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	ONTRIBUTING STORMED 21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) (Hour) (Hour) 21E. INJURY OCCURRED While At Not Work Not work (I) Ottended the deceased from ted above. (I) (We) (did) (did not make) M.D. 24C. NAME of CEMETERY or 19	20A. AUTOPSY? (Yes or No) 20B. IF YES IN CERTIFY	WERE FINDINGS CONSIDERED ING CAUSES OF DEATH? Boltimore City, give exect locotion) July 22, 19 66 23B. DATE SIGNED July 22, 1966 (City, town, or county) (Stote)



	1011 0 ()	BALTIMORE CITY	HEALTH DEPARTMENT		66 07500				
IRTH NO.	66 07500	CERTIFICA	TE OF DEATH	Registered Na	00 07300				
NE CASE NO.			2. DATE AN	D HOUR OF DEATH					
Type or Print)	BARBARA	HOWLETT	+	7/22/46	1 4:00 AN				
	TH IN BALTIMORE, MARYLAN		4. USUAL RESIDENCE (Whe	e deceased Wed. If insti	tution; residence before admission)				
FULL NAME OF	(If not in hospital or inst	itution give steet	MARILLAND						
HOSPITAL OR	oddress or location)		C. CITY OR TOWN (If our	tside city limits, write RU	RAL and give township				
_	HURCH A	LOME + HOSPITA	BALT	IMORE	26-36				
35			D. STREET ADDRESS (III	rurol, give locotion)					
SEX (/ DACE	ADDIED MENTE ALABOIED	6550	PARNELL					
		ARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
DA, USUAL OCCUI	PATION (Give kind of work 10 B. I	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	on country)	12. CITIZEN OF				
	orking lite, even if retired)		10.0		WHAT COUNTRY?				
MOUSE	WILE		MARYLA	7ND	U.SA				
FATHERS NAM		0-0	14. MOTHER'S MAIDEN NA						
HOO	N GRAS		LOUIS	E BRID					
. Was Deceased I es, no or unknown)	Ever in U.S. Armed Forces? (If yes, give wor or dotes of s	ervice) 16. SOCIAL 216-17-32	17. INFORMANT		ADDRESS				
No		Historic Lait	Eugene Howlett	6550 Parnel	Ave. Dundalk, Md.				
1B. / _	5.S.	216-01-1792 AUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH				
	OR CONDITION DIRECTL		, , ,	4	7				
	EADING TO DEATH t meon the mode of dying	(A) CA	LECINOMATO	515	*				
heart failure, o	sthenia, etc. It means the d	isease							
	lication which coused death	(B) CX	reinoma of	OVARY					
	NTECEDENT CAUSES	502 10			••••				
	CONDITIONS, if ony, above couse (A) statis								
UNDERLYING	CONDITION last,		00 100 00 00 00 00 00 00 00 00 00 00 00	70 70 80 01 7 1 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	000 (**********************************				
Z OTHER SIGNIS	11								
TO THE DE	ATH BUT NOT RELATED	TO THE							
19A. DATE OF	ONDITION CAUSING IT.	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FIN	IDINGS CONSIDERED				
19A. DATE OF	WAS PERFORM		NO 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
21A. ACCIDEN	WAS UNDERLYING	218. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	(If in Boltimore C	City, give exact location)				
DEATH (notify r	BNG CAUSE OF medical examiner	home, form, foctory, street, o	mice bidg., INJURY OCCUR?						
21 D. TIME OF INJURY	(Month) (Doy) (Year) (Ho	ur) 21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?					
(APPROX.)		While At Not While			/				
	1 . (1) (.1 . 1	Work At Work	7/17	7/	121				
1	22. I certify that (1) (this haspital) attended the deceased from 1966 to 1966								
	ost saw the deceased ali	11		ot in(my) (aur) opini	an deoth occurred an the dot				
		pave. (1) (We (did) (did not)	view the body after death.						
SIGNATUR	1/ // 0	0, 000	ending Med	Stoff 2	38. DATE SIGNED				
DON	milo V. a	retus Phy		Phy s.	1/22/66				
23C. PHYSICIAN	PS pel		23D. ADDRESS						
DAN	ILO V. S.	ANTOS M.D.	CHURCH H	OME +1	HOSPITAL				
REMOVAL (Sp	ATION, 24B. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION (City,	town, or county) (State)				
Burial	7/25/66	Oak Lawn		Baltimore,	Maryland				
SA. DATE REC'D	BY HEALTH DEPT. 258. 1	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS				
1	111 25 1966 12.1	2. 6 E. Farbanna	John J. Du	da Dundall	c, Maryland				
	OF NO POOL OF		1	•	·				

BANEANA MILLET TARALLE 4.60 B EMINER WINE THEN SHITTING PARTITION 6550 PHENELL ALE F W MARRIED 6/30/09 57 MARYERND USA House wife JOHN BEKSZEIG FOURE BRIDGE CARTINETINTOSIS CRECIDIMA of CURRY

15/4 12 22/4 15/4

Danile V. Pantis V 7/22/68

DANILLO V SANTOS. CHURCH NOME + HOSPITAL